

House File 649

S-3293

1 Amend House File 649, as amended, passed, and
2 reprinted by the House, as follows:
3 1. Page 1, line 19, by striking <9,852,577> and
4 inserting <10,302,577>
5 2. Page 1, after line 29 by inserting:
6 <1A. The amount appropriated in this section
7 includes additional funding of \$450,000 for delivery of
8 long-term care services to seniors with low or moderate
9 incomes.>
10 3. Page 2, line 35, by striking <20,703,190> and
11 inserting <25,703,190>
12 4. Page 3, by striking lines 2 through 11 and
13 inserting:
14 <a. (1) Of the funds appropriated in this
15 subsection, \$5,453,830 shall be used for the tobacco
16 use prevention and control initiative, including
17 efforts at the state and local levels, as provided in
18 chapter 142A.
19 (2) Of the funds allocated in this paragraph
20 "a", \$453,830 shall be transferred to the alcoholic
21 beverages division of the department of commerce
22 for enforcement of tobacco laws, regulations, and
23 ordinances in accordance with 2011 Iowa Acts, House
24 File 467, as enacted.>
25 5. Page 6, line 16, by striking <2,601,905> and
26 inserting <2,549,270>
27 6. Page 6, line 17, by striking <10.00> and
28 inserting <11.00>
29 7. Page 6, line 25, by striking <287,520> and
30 inserting <329,885>
31 8. Page 6, line 30, after <children.> by inserting
32 <A portion of the funds allocated in this lettered
33 paragraph may be used for a full-time equivalent
34 position to coordinate the activities under this
35 paragraph.>
36 9. Page 7, by striking lines 8 through 14.
37 10. Page 7, line 19, by striking <3,262,256> and
38 inserting <3,369,156>
39 11. Page 7, line 20, by striking <4.00> and
40 inserting <5.00>
41 12. Page 7, line 21, by striking <136,808> and
42 inserting <160,582>
43 13. Page 7, line 25, by striking <383,600> and
44 inserting <483,600>
45 14. Page 8, line 6, by striking <755,791> and
46 inserting <788,303>
47 15. Page 8, line 8, by striking <711,052> and
48 inserting <547,065>
49 16. Page 8, line 12, by striking <363,987> and
50 inserting <200,000>

1 17. Page 8, line 18, by striking <421,782> and
2 inserting <528,834>

3 18. Page 8, line 20, after <disorders.> by
4 inserting <A portion of the funds allocated in this
5 paragraph may be used for one full-time equivalent
6 position for administration of the center.>

7 19. Page 8, line 28, by striking <3,677,659> and
8 inserting <4,813,872>

9 20. Page 9, line 33, by striking <Iowa-Nebraska>
10 and inserting <Iowa>

11 21. Page 10, line 1, by striking <116,597> and
12 inserting <132,580>

13 22. Page 10, after line 1 by inserting:
14 <(1A) For distribution to the Iowa family planning
15 network agencies for necessary infrastructure,
16 statewide coordination, provider recruitment, service
17 delivery, and provision of assistance to patients in
18 determining an appropriate medical home:
19 \$ 74,517>

20 23. Page 10, line 5, by striking <68,332> and
21 inserting <74,517>

22 24. Page 10, line 9, by striking <68,332> and
23 inserting <74,517>

24 25. Page 10, line 14, by striking <113,754> and
25 inserting <124,050>

26 26. Page 10, line 19, by striking <101,264> and
27 inserting <110,430>

28 27. Page 10, line 23, by striking <238,420> and
29 inserting <260,000>

30 28. Page 10, line 27, by striking <247,590> and
31 inserting <270,000>

32 29. By striking page 10, line 32, through page 11,
33 line 5, and inserting:
34 <h. (1) Of the funds appropriated in this
35 subsection, \$149,000 shall be used for continued
36 implementation of the recommendations of the direct
37 care worker task force established pursuant to 2005
38 Iowa Acts, chapter 88, based upon the report submitted
39 to the governor and the general assembly in December
40 2006. The department may use a portion of the funds
41 allocated in this lettered paragraph for an additional
42 position to assist in the continued implementation.
43 (2) It is the intent of the general assembly that
44 a board of direct care workers shall be established
45 within the department of public health by July 1, 2014,
46 contingent upon the availability of funds to establish
47 and maintain the board.
48 (3) The direct care worker advisory council
49 shall submit a final report no later than March 1,
50 2012, to the governor and the general assembly, in

1 accordance with 2010 Iowa Acts, chapter 1192, section
2 2, subsection 4, paragraph "h", subparagraph (3).

3 (4) The department of public health shall report to
4 the persons designated in this Act for submission of
5 reports regarding use of the funds allocated in this
6 lettered paragraph, on or before January 15, 2012.

7 i. (1) Of the funds appropriated in this
8 subsection, \$130,100 shall be used for allocation to an
9 independent statewide direct care worker association
10 for education, outreach, leadership development,
11 mentoring, and other initiatives intended to enhance
12 the recruitment and retention of direct care workers in
13 health care and long-term care settings.

14 (2) Of the funds appropriated in this subsection,
15 \$45,173 shall be used to provide scholarships or
16 other forms of subsidization for direct care worker
17 educational conferences, training, or outreach
18 activities.>

19 30. Page 11, after line 13 by inserting:

20 <k. Of the funds appropriated in this subsection,
21 \$50,000 shall be used for a matching dental education
22 loan repayment program to be allocated to a dental
23 nonprofit health service corporation to develop the
24 criteria and implement the loan repayment program.

25 l. Of the funds appropriated in this subsection, up
26 to \$134,214 shall be used to support the department's
27 activities relating to health and long-term care access
28 as specified pursuant to chapter 135, division XXIV.

29 m. Of the funds appropriated in this subsection,
30 \$363,987 shall be used as state matching funds for the
31 health information network as enacted by this Act.

32 n. Of the funds appropriated in this subsection,
33 \$25,000 shall be used for a pilot program established
34 as a collaborative effort between the department
35 of public health and the department of education
36 to provide vision screening to elementary school
37 children in one urban and one rural school district
38 in the state, on a voluntary basis, over a multiyear
39 period. The departments shall develop protocol for
40 participating schools including the grade level of the
41 children to be screened, the training and certification
42 necessary for individuals conducting the vision
43 screening, vision screening equipment requirements, and
44 documentation and tracking requirements. Following
45 the conclusion of the pilot program, the participating
46 schools shall report findings and recommendations
47 for statewide implementation of the vision screening
48 program to the departments.>

49 31. Page 11, line 19, by striking <7,297,142> and
50 inserting <7,336,142>

1 32. Page 11, line 22, by striking <5,287,955> and
2 inserting <5,326,955>
3 33. Page 12, line 7, by striking <2,906,532> and
4 inserting <2,778,688>
5 34. Page 12, after line 24 by inserting:
6 <d. Of the funds appropriated in this subsection,
7 \$50,000 shall be used for education, testing, training,
8 and other costs to conform the requirements for
9 certification of emergency medical care providers with
10 national standards.>
11 35. Page 12, by striking lines 25 through 30.
12 36. Page 23, line 27, by striking <897,237,190> and
13 inserting <878,216,915>
14 37. Page 23, by striking lines 28 through 34 and
15 inserting:
16 <1. Medically necessary abortions are those
17 performed under any of the following conditions:
18 a. The attending physician certifies that
19 continuing the pregnancy would endanger the life of the
20 pregnant woman.
21 b. The attending physician certifies that the
22 fetus is physically deformed, mentally deficient, or
23 afflicted with a congenital illness.
24 c. The pregnancy is the result of a rape which
25 is reported within 45 days of the incident to a law
26 enforcement agency or public or private health agency
27 which may include a family physician.
28 d. The pregnancy is the result of incest which
29 is reported within 150 days of the incident to a law
30 enforcement agency or public or private health agency
31 which may include a family physician.
32 e. Any spontaneous abortion, commonly known as a
33 miscarriage, if not all of the products of conception
34 are expelled.>
35 38. By striking page 28, line 17, through page 29,
36 line 8, and inserting:
37 < . a. The department may implement cost
38 containment strategies recommended by the governor, and
39 may adopt emergency rules for such implementation.
40 b. The department shall not implement the cost
41 containment strategy to require a primary care referral
42 for the provision of chiropractic services.
43 c. The department may increase the amounts
44 allocated for salaries, support, maintenance, and
45 miscellaneous purposes associated with the medical
46 assistance program, as necessary, to implement the cost
47 containment strategies. The department shall report
48 any such increase to the legislative services agency
49 and the department of management.
50 d. If the savings to the medical assistance

1 program exceed the cost, the department may transfer
2 any savings generated for the fiscal year due to
3 medical assistance program cost containment efforts
4 initiated pursuant to 2010 Iowa Acts, chapter 1031,
5 Executive Order No. 20, issued December 16, 2009, or
6 cost containment strategies initiated pursuant to
7 this subsection, to the appropriation made in this
8 division of this Act for medical contracts or general
9 administration to defray the increased contract costs
10 associated with implementing such efforts.

11 e. The department shall report the implementation
12 of any cost containment strategies under this
13 subsection to the individuals specified in this
14 division of this Act for submission of reports on a
15 quarterly basis.>

16 39. Page 29, after line 12 by inserting:

17 <_____. Of the funds appropriated in this section,
18 \$6,100,000 shall be used to reduce the waiting lists
19 of the medical assistance home and community-based
20 services waivers, including the waiver for persons with
21 intellectual disabilities for which the nonfederal
22 share is paid as state case services and other support
23 pursuant to section 331.440. The department shall
24 distribute the funding allocated under this subsection
25 proportionately among all home and community-based
26 services waivers.

27 _____. a. The department may submit medical
28 assistance program state plan amendments to the centers
29 for Medicare and Medicaid services of the United
30 States department of health and human services, and may
31 adopt administrative rules pursuant to chapter 17A to
32 implement any of the following if the respective state
33 plan amendment is approved:

34 (1) Health homes pursuant to section 2703 of the
35 federal Patient Protection and Affordable Care Act,
36 Pub. L. No. 111-148. The department shall collaborate
37 with the medical home system advisory council created
38 pursuant to section 135.159 in developing such health
39 homes.

40 (2) Accountable care organization pilot programs,
41 if such programs are advantageous to the medical
42 assistance program.

43 b. Any health home or accountable care organization
44 pilot program implemented pursuant to this subsection
45 shall demonstrate value to the state with a
46 positive return on investment within two years of
47 implementation, and may utilize care coordination fees,
48 pay-for-performance fees, or shared saving strategies
49 if approved as part of the state plan amendment.>

50 40. Page 29, line 19, by striking <5,773,844> and

1 inserting <9,893,844>
2 41. Page 29, line 20, before <The> by inserting
3 <1.>
4 42. Page 29, after line 24 by inserting:
5 <2. Of the funds appropriated in this section,
6 \$150,000 shall be used for implementation of a
7 uniform cost report to be used in the development
8 of specified Medicaid reimbursement rates over a
9 multiyear timeframe. The department of human services,
10 in collaboration with affected providers, shall
11 finalize a uniform cost report that includes provider
12 type-specific cost schedules by December 15, 2011.
13 The uniform cost report shall be applied to providers
14 of home and community-based services waiver services,
15 habilitation services, case management services
16 and community mental health centers, residential
17 care facilities, psychiatric medical institutions
18 for children, and intermediate care facilities
19 for the mentally retarded in the development of
20 Medicaid reimbursement rates. The department shall
21 collaborate with affected Medicaid providers to test
22 the effectiveness of the cost report and determine
23 the fiscal impact of implementing the uniform cost
24 report during the fiscal year beginning July 1, 2012.
25 A report of the findings and fiscal impact shall be
26 submitted to the governor and the general assembly by
27 December 31, 2013. The rates paid in the fiscal year
28 beginning July 1, 2014, shall be established using
29 uniform cost reports submitted in the fiscal year
30 beginning July 1, 2012. Implementation of the uniform
31 cost report shall be limited to the extent of the
32 funding available.
33 3. a. Of the funds appropriated in this section,
34 \$100,000 shall be used for implementation of an
35 electronic medical record system, including system
36 purchase or development, for home and community-based
37 services providers and mental health services providers
38 that comply with the requirements of federal and state
39 laws and regulation by the fiscal year beginning July
40 1, 2013.
41 b. The department shall analyze the costs and
42 benefits of providing an electronic medical record and
43 billing system for home and community-based services
44 providers and mental health services providers that
45 comply with the requirements of federal and state laws
46 and regulation. The analysis shall include a review
47 of all of the following: including the capability for
48 an electronic medical record and billing system within
49 the procurement for the Medicaid management information
50 system, developing the system, and utilizing capacity

1 within the health information network established by
2 the department of public health as enacted in this
3 Act. If the analysis demonstrates that a program
4 may be implemented in a cost-effective manner and
5 within available funds, the department may take steps
6 to implement such a system. The department shall
7 report the results of the analysis, activities, and
8 recommendations to the persons designated in this
9 division of this Act for submission of reports by
10 December 15, 2011.

11 c. Notwithstanding section 8.33, funds allocated in
12 this subsection that remain unencumbered or unobligated
13 at the close of the fiscal year shall not revert but
14 shall remain available in succeeding fiscal years to be
15 used for the purposes designated.

16 4. Of the amount appropriated in this section,
17 \$3,500,000 shall be used for technology upgrades
18 necessary to support Medicaid claims and other health
19 operations, worldwide federal Health Insurance
20 Portability and Accountability Act of 1996 (HIPAA)
21 claims, transactions, and coding requirements, and
22 the Iowa automated benefits calculation system.
23 Notwithstanding section 8.33, funds allocated in this
24 subsection that remain unencumbered or unobligated at
25 the close of the fiscal year shall not revert but shall
26 remain available in succeeding fiscal years to be used
27 for the purposes designated.

28 5. Of the funds appropriated in this section,
29 \$100,000 shall be used for an accountable care
30 organization pilot project as specified in the division
31 of this Act relating to prior appropriations and
32 related changes.

33 6. Of the funds appropriated in this section,
34 \$200,000 shall be used for the development of a
35 provider payment system plan to provide recommendations
36 to reform the health care provider payment system as an
37 effective way to promote coordination of care, lower
38 costs, and improve quality as specified in the division
39 of this Act relating to cost containment.

40 7. Of the funds appropriated in this section,
41 \$20,000 shall be used for the development of a plan
42 to establish an all-payer claims database to provide
43 for the collection and analysis of claims data from
44 multiple payers of health care as specified in the
45 division of this Act relating to cost containment.

46 8. The department shall amend the state Medicaid
47 health information technology plan to include costs
48 related to the one-time development costs of the health
49 information network as enacted in this Act.

50 9. Of the amount appropriated in this section, up

1 to \$250,000 may be transferred to the appropriation for
2 general administration in this division of this Act to
3 be used for additional full-time equivalent positions
4 in the development of key health initiatives such as
5 cost containment, development and oversight of managed
6 care programs, and development of health strategies
7 targeted toward improved quality and reduced costs in
8 the Medicaid program.

9 10. Of the funds appropriated in this section,
10 \$50,000 shall be used for home and community-based
11 services waiver quality assurance programs, including
12 the review and streamlining of processes and policies
13 related to oversight and quality management to meet
14 state and federal requirements. The department shall
15 submit a report to the persons designated by this
16 division of this Act for submission of reports by
17 December 15, 2011, regarding the modifications to the
18 quality assurance programs.>

19 43. Page 30, line 22, by striking <There> and
20 inserting <1. There>

21 44. Page 30, line 32, by striking <32,927,152> and
22 inserting <33,056,102>

23 45. Page 30, after line 32 by inserting:

24 <2. Of the funds appropriated in this section,
25 \$128,950 is allocated for continuation of the contract
26 for advertising and outreach with the department of
27 public health.>

28 46. Page 31, line 4, by striking <51,237,662> and
29 inserting <55,265,509>

30 47. Page 31, line 5, by striking <49,868,235> and
31 inserting <51,896,082>

32 48. Page 31, by striking lines 25 through 30 and
33 inserting <system in accordance with section 237A.30.>

34 49. Page 33, after line 32 by inserting:

35 <4. For the fiscal year beginning July 1, 2011,
36 notwithstanding section 232.52, subsection 2, and
37 section 907.3A, subsection 1, the court shall not order
38 the placement of a child at the Iowa juvenile home
39 or the state training school under section 232.52, if
40 that placement is not in accordance with the population
41 guidelines for the respective juvenile institution
42 established pursuant to section 233A.1 or 233B.1.>

43 50. Page 34, line 5, by striking <82,020,163> and
44 inserting <83,420,163>

45 51. Page 35, line 29, by striking <7,170,116> and
46 inserting <7,670,116>

47 52. Page 37, line 32, by striking <4,522,602> and
48 inserting <6,022,602>

49 53. Page 39, after line 35 by inserting:

50 <___. Of the funds appropriated in this section,

1 \$300,000 shall be used for continuation of the central
2 Iowa system of care program grant through June 30,
3 2012.>

4 54. Page 40, line 8, by striking <34,897,591> and
5 inserting <34,466,591>

6 55. Page 41, line 8, by striking <department of
7 human services> and inserting <division of criminal and
8 juvenile justice planning of the department of human
9 rights>

10 56. Page 41, by striking lines 14 and 15 and
11 inserting <submission of reports and to the department
12 of human services by>

13 57. Page 47, after line 35 by inserting:
14 <Notwithstanding section 8.33, moneys appropriated
15 in this section that remain unencumbered or unobligated
16 at the close of the fiscal year shall not revert but
17 shall remain available for expenditure for the purposes
18 designated until the close of the succeeding fiscal
19 year.>

20 58. Page 48, line 10, by striking <285.00> and
21 inserting <290.00>

22 59. Page 48, by striking lines 17 through 25 and
23 inserting:

24 <3. Of the funds appropriated in this section,
25 \$132,300 shall be used to contract with a statewide
26 association representing community providers of mental
27 health, mental retardation and brain injury services
28 programs to provide technical assistance, support, and
29 consultation to providers of habilitation services and
30 home and community-based waiver services for adults
31 with disabilities under the medical assistance program.
32 Notwithstanding section 8.47 or any other provision of
33 law to the contrary, the department may utilize a sole
34 source approach to contract with the association.

35 4. Of the funds appropriated in this section,
36 \$176,400 shall be used to contract with an appropriate
37 entity to expand the provision of nationally accredited
38 and recognized internet-based training to include
39 mental health and disability services providers.
40 Notwithstanding section 8.47 or any other provision of
41 law to the contrary, the department may utilize a sole
42 site source approach to enter into such contract.>

43 60. Page 48, before line 30 by inserting:

44 <__. Notwithstanding section 8.33, moneys
45 appropriated in this section that remain unencumbered
46 or unobligated at the close of the fiscal year shall
47 not revert but shall remain available for expenditure
48 for the purposes designated until the close of the
49 succeeding fiscal year.>

50 61. Page 49, line 7, by striking <225,502,551> and

1 inserting <235,493,065>
2 62. Page 50, line 6, after <lower.> by inserting
3 <The reimbursement specified under this paragraph shall
4 be adjusted in accordance with chapter 249N, as enacted
5 in this Act.>
6 63. Page 50, line 19, after <2011> by inserting
7 <, except that the portion of the fund attributable
8 to graduate medical education shall be reduced in
9 an amount that reflects the elimination of graduate
10 medical education payments made to out-of-state
11 hospitals.>
12 64. Page 51, line 10, by striking <For> and
13 inserting <(1) For>
14 65. Page 51, by striking lines 14 through 16 and
15 inserting: <medical assistance.
16 (2) For nonstate-owned psychiatric medical
17 institutions for children, reimbursement rates shall
18 remain at the rates in effect on June 30, 2011, except
19 that the reimbursement rates shall be adjusted to
20 include all ancillary costs and any other changes
21 required for federal compliance. To the extent
22 possible, such adjustments shall be budget neutral
23 to the institutions. The nonstate-owned psychiatric
24 medical institutions for children shall contract with
25 other health care providers as necessary to ensure
26 that prescription drug and other ancillary medical
27 services are provided to a child while residing
28 in the institution. The department shall commence
29 implementation activities for this subparagraph on
30 the effective date of this subparagraph in order to
31 facilitate implementation beginning July 1, 2011.>
32 66. Page 56, line 32, by striking <The> and
33 inserting <1. The>
34 67. Page 57, after line 1 by inserting:
35 <2. The provision under the section of the division
36 of this Act providing for reimbursement of medical
37 assistance, state supplementary assistance, and social
38 service providers by the department of human services
39 relating to reimbursement of nonstate-owned psychiatric
40 medical institutions for children.>
41 68. Page 57, line 4, after <ACCOUNT,> by inserting
42 <NONPARTICIPATING PROVIDER REIMBURSEMENT FUND,>
43 69. Page 57, by striking line 7 and inserting:
44 <HOSPITAL HEALTH CARE ACCESS TRUST FUND, AND PHARMACY
45 ASSESSMENT TRUST FUND>
46 70. By striking page 57, line 35, through page
47 58, line 7, and inserting <necessary abortions. For
48 the purpose of this subsection, an abortion is the
49 purposeful interruption of pregnancy with the intention
50 other than to produce a live-born infant or to remove a

1 dead fetus, and a medically necessary abortion is one
2 performed under one of the following conditions:
3 (1) The attending physician certifies that
4 continuing the pregnancy would endanger the life of the
5 pregnant woman.
6 (2) The attending physician certifies that the
7 fetus is physically deformed, mentally deficient, or
8 afflicted with a congenital illness.
9 (3) The pregnancy is the result of a rape which
10 is reported within 45 days of the incident to a law
11 enforcement agency or public or private health agency
12 which may include a family physician.
13 (4) The pregnancy is the result of incest which
14 is reported within 150 days of the incident to a law
15 enforcement agency or public or private health agency
16 which may include a family physician.
17 (5) The abortion is a spontaneous abortion,
18 commonly known as a miscarriage, wherein not all of the
19 products of conception are expelled.>
20 71. Page 58, line 27, by striking <54,226,279> and
21 inserting <44,226,279>
22 72. Page 59, line 8, by striking <14,000,000> and
23 inserting <16,277,753>
24 73. Page 59, line 26, by striking <51,500,000> and
25 inserting <65,000,000>
26 74. Page 59, line 32, by striking <48,500,000> and
27 inserting <60,000,000>
28 75. Page 59, line 35, by striking <48,500,00> and
29 inserting <60,000,000>
30 76. Page 60, line 1, by striking <48,500,000> and
31 inserting <60,000,000>
32 77. Page 60, line 5, by striking <48,500,000> and
33 inserting <60,000,000>
34 78. Page 60, line 7, after <allocated.> by
35 inserting <Pursuant to paragraph "b", of the amount
36 appropriated in this subsection, not more than
37 \$4,000,000 shall be distributed for prescription drugs
38 and podiatry services.>
39 79. Page 60, after line 7 by inserting:
40 <b. Notwithstanding any provision of law to the
41 contrary, the hospital identified in this subsection,
42 shall be reimbursed for outpatient prescription drugs
43 and podiatry services provided to members of the
44 expansion population pursuant to all applicable medical
45 assistance program rules, in an amount not to exceed
46 \$4,000,000.>
47 80. Page 60, line 8, by striking <b.> and inserting
48 <c.>
49 81. Page 60, line 9, by striking <6> and inserting
50 <4>

1 82. Page 60, line 26, after <subsection.> by
2 inserting <Of the collections in excess of the
3 \$19,000,000 received by the acute care teaching
4 hospital under this subparagraph (1), \$2,000,000 shall
5 be distributed by the acute care teaching hospital to
6 the treasurer of state for deposit in the IowaCare
7 account in the month of January 2012, following the
8 July 1 through December 31, 2011, period.>

9 83. Page 60, line 35, after <subsection.> by
10 inserting <Of the collections in excess of the
11 \$19,000,000 received by the acute care teaching
12 hospital under this subparagraph (2), \$2,000,000 shall
13 be distributed by the acute care teaching hospital to
14 the treasurer of state for deposit in the IowaCare
15 account in the month of July 2012, following the
16 January 1 through June 30, 2012, period.>

17 84. Page 61, line 10, by striking <6,000,000> and
18 inserting <3,472,176>

19 85. Page 61, line 11, by striking <Notwithstanding>
20 and inserting <a. Notwithstanding>

21 86. Page 61, after line 17 by inserting:
22 <b. The department shall consult with providers
23 of primary care services in established regional
24 provider network areas to determine if the option
25 of establishing an alternative provider location is
26 feasible. The department may implement a pilot program
27 establishing an alternative provider location in an
28 established regional provider network area experiencing
29 capacity issues, if the department determines that this
30 option would most appropriately address such capacity
31 issues and provide better access to care for expansion
32 population members in the area. Any such pilot
33 program shall be implemented within funds available
34 under the existing appropriation and any alternative
35 provider location shall be subject to the requirements
36 applicable to an expansion population provider pursuant
37 to chapter 249J.>

38 87. Page 61, by striking lines 18 through 25 and
39 inserting:

40 <6. There is appropriated from the IowaCare account
41 created in section 249J.24 to the department of human
42 services for the fiscal year beginning July 1, 2011,
43 and ending June 30, 2012, the following amount, or
44 so much thereof as is necessary to be used for the
45 purposes designated:

46 For a care coordination pool to pay the expansion
47 population providers consisting of the university of
48 Iowa hospitals and clinics, the publicly owned acute
49 care teaching hospital as specified in section 249J.7,
50 and nonparticipating providers as specified in section

1 249J.24A that are current medical assistance program
2 providers, for services covered by the full benefit
3 medical assistance program but not under the IowaCare
4 program pursuant to section 249J.6, that are provided
5 to expansion population members:

6 \$ 1,500,000

7 a. Notwithstanding section 249J.6, the amount
8 appropriated in this subsection is intended to provide
9 payment for medically necessary services provided
10 to expansion population members for continuation of
11 care provided by the university of Iowa hospitals and
12 clinics or the publicly owned acute care teaching
13 hospital as specified in section 249J.7. Payment
14 may only be made for services that are not otherwise
15 covered under section 249J.6, and which are follow-up
16 services to covered services provided by the hospitals
17 specified in this paragraph "a".

18 b. The funds appropriated in this subsection are
19 intended to provide limited payment for continuity
20 of care services for an expansion population member,
21 and are intended to cover the costs of services
22 to expansion population members, regardless of
23 the member's county of residence or medical home
24 assignment, if the care is related to specialty or
25 hospital services provided by the hospitals specified
26 in paragraph "a".

27 c. The funds appropriated in this subsection are
28 not intended to provide for expanded coverage under
29 the IowaCare program, and shall not be used to cover
30 emergency transportation services.

31 d. The department shall adopt administrative
32 rules pursuant to chapter 17A to establish a prior
33 authorization process and to identify covered services
34 for reimbursement under this subsection. If the entire
35 amount appropriated under this subsection is expended,
36 the responsibility for coordinating noncovered care
37 needs of expansion population members shall revert to
38 the medical home to which the expansion population
39 member is assigned.

40 7. There is appropriated from the IowaCare account
41 created in section 249J.24 to the department of human
42 services for the fiscal year beginning July 1, 2011,
43 and ending June 30, 2012, the following amount or
44 so much thereof as is necessary to be used for the
45 purposes designated:

46 For a laboratory test and radiology pool for
47 services authorized by a federally qualified health
48 center designated by the department as part of the
49 IowaCare regional provider network that does not have
50 the capability to provide these services on site:

1 \$ 500,000

2 Notwithstanding sections 249J.6 and 249J.7, the
3 amount appropriated in this subsection is intended
4 to provide reimbursement for services provided to
5 expansion population members that have previously
6 been paid for through expenditure by designated
7 regional provider network providers of their own
8 funds, not to expand coverage under the IowaCare
9 program or to expand the expansion population
10 provider network. The department shall designate the
11 laboratory and radiology provider associated with
12 each designated regional provider network provider
13 that may receive reimbursement. The department shall
14 adopt administrative rules pursuant to chapter 17A
15 to establish a prior authorization process and to
16 identify covered services for reimbursement under this
17 subsection. All other medical assistance program
18 payment policies and rules for laboratory and radiology
19 services shall apply to services provided under this
20 subsection. If the entire amount appropriated under
21 this subsection is expended, laboratory tests and
22 radiology services ordered by a designated regional
23 provider network provider shall be the financial
24 responsibility of the regional provider network
25 provider. Any funds remaining at the end of the
26 fiscal year shall be used to pay any unpaid claims by
27 university of Iowa physicians, nurse practitioners, and
28 physician assistants.>

29 88. Page 61, before line 26 by inserting:
30 <Sec. _____. APPROPRIATIONS FROM NONPARTICIPATING
31 PROVIDER REIMBURSEMENT FUND — DEPARTMENT OF HUMAN
32 SERVICES. Notwithstanding any provision to the
33 contrary, and subject to the availability of funds,
34 there is appropriated from the nonparticipating
35 provider reimbursement fund created in section 249J.24A
36 to the department of human services for the fiscal year
37 beginning July 1, 2011, and ending June 30, 2012, the
38 following amount or so much thereof as is necessary for
39 the purposes designated:

40 To reimburse nonparticipating providers in
41 accordance with section 249J.24A:
42 \$ 2,000,000>

43 89. By striking page 61, line 34, through page 62,
44 line 1.

45 90. Page 62, by striking lines 33 through 35 and
46 inserting:

47 <10. For transfer to the department of public
48 health to be used for the costs of medical home
49 system advisory council established pursuant to
50 section 135.159, including for the incorporation of

1 the work and duties of the prevention and chronic
2 care management advisory council pursuant to section
3 135.161, as amended by this Act:
4 \$ 233,357>
5 91. Page 64, line 3, by striking <To> and inserting
6 <1. To>
7 92. Page 64, line 6, by striking <29,000,000> and
8 inserting <60,496,712>
9 93. Page 64, after line 6 by inserting:
10 <2. To increase the monthly upper cost limit
11 for services under the medical assistance home and
12 community-based services waiver for the elderly:
13 \$ 1,000,000>
14 94. Page 64, after line 22 by inserting:
15 <Sec. _____. PHARMACY ASSESSMENT TRUST FUND —
16 DEPARTMENT OF HUMAN SERVICES. Notwithstanding
17 any provision to the contrary and subject to the
18 availability of funds, there is appropriated from the
19 pharmacy assessment trust fund created in section
20 249N.4, as enacted in this Act, to the department of
21 human services for the fiscal year beginning July 1,
22 2011, and ending June 30, 2012, the following amounts,
23 or so much thereof as is necessary, for the purposes
24 designated:
25 To supplement the appropriation made in this Act
26 from the general fund of the state to the department of
27 human services for medical assistance:
28 \$ 17,377,252>
29 95. Page 65, after line 2 by inserting:
30 <Sec. _____. CONTINUATION OF WORKGROUP BY JUDICIAL
31 BRANCH AND DEPARTMENT OF HUMAN SERVICES. The judicial
32 branch and department of human services shall continue
33 the workgroup implemented pursuant to 2010 Iowa Acts,
34 chapter 1192, section 24, subsection 2, to improve
35 the processes for involuntary commitment for chronic
36 substance abuse under chapter 125 and serious mental
37 illness under chapter 229. The recommendations issued
38 by the workgroup shall address alternatives and options
39 to the current provision of transportation by the
40 county sheriff; to the role, supervision, and funding
41 of mental health patient advocates; and for civil
42 commitment prescreening. Additional stakeholders
43 shall be added as necessary to facilitate the workgroup
44 efforts. The workgroup shall complete deliberations
45 and submit a final report providing findings and
46 recommendations on or before December 15, 2011.>
47 96. By striking page 70, line 22, through page 72,
48 line 17.
49 97. Page 72, line 33, after <Grenada,> by inserting
50 <Lebanon,>

1 98. Page 73, line 28, after <72,> by inserting
2 <shall not revert but shall remain available in
3 succeeding fiscal years to be used for the purposes
4 designated until expended and any other>

5 99. Page 74, by striking lines 19 through 27 and
6 inserting:

7 <Sec. _____. 2009 Iowa Acts, chapter 183, section 62,
8 subsection 4, is amended to read as follows:

9 4. The financial assistance shall be for any of the
10 following purposes:

11 a. For making temporary payments to qualifying
12 families whose members are recently unemployed and
13 seeking work to use in meeting immediate family needs.

14 b. For providing sliding scale subsidies for
15 qualifying families for child care provided to the
16 families' infants and toddlers by providers who
17 are accredited by the national association for the
18 education of young children or the national association
19 for family child care, or who have a rating at level 3
20 2 or higher under the child care quality rating system
21 implemented pursuant to section 237A.30.

22 c. For expanding training and other support for
23 infant care providers in the community and this state.

24 d. For ensuring child care environments are healthy
25 and safe.

26 e. For promoting positive relationships between
27 parents and providers in their mutual efforts to care
28 for very young children.

29 f. For ensuring that parents have the information
30 and resources needed to choose quality child care.>

31 100. By striking page 74, line 28, through page 75,
32 line 7.

33 101. Page 76, after line 31 by inserting:

34 <CHILD WELFARE TRAINING ACADEMY

35 Sec. _____. 2010 Iowa Acts, chapter 1192, section 19,
36 subsection 22, is amended to read as follows:

37 22. Of the funds appropriated in this section,
38 at least \$47,158 shall be used for the child welfare
39 training academy. Notwithstanding section 8.33, moneys
40 allocated in this subsection that remain unencumbered
41 or unobligated at the close of the fiscal year shall
42 not revert but shall remain available for expenditure
43 for the purposes designated until the close of the
44 succeeding fiscal year.>

45 102. Page 76, line 32, after <TRANSFER> by
46 inserting <AND NONREVERSION>

47 103. Page 76, line 34, by striking <subsection> and
48 inserting <subsections>

49 104. Page 77, after line 4 by inserting:

50 <NEW SUBSECTION. 5. Notwithstanding section

1 8.33, moneys appropriated in this section that remain
2 unencumbered or unobligated at the close of the fiscal
3 year shall not revert but shall remain available for
4 expenditure for the purposes designated until the close
5 of the succeeding fiscal year.>

6 105. Page 77, after line 4 by inserting:
7 <DEPARTMENT OF HUMAN SERVICES — FIELD OPERATIONS
8 Sec. _____. 2010 Iowa Acts, chapter 1192, section
9 29, is amended by adding the following new unnumbered
10 paragraph:

11 NEW UNNUMBERED PARAGRAPH. Notwithstanding section
12 8.33, moneys appropriated in this section that remain
13 unencumbered or unobligated at the close of the fiscal
14 year shall not revert but shall remain available for
15 expenditure for the purposes designated until the close
16 of the succeeding fiscal year.

17 DEPARTMENT OF HUMAN SERVICES — GENERAL ADMINISTRATION
18 Sec. _____. 2010 Iowa Acts, chapter 1192, section 30,
19 is amended by adding the following new subsection:

20 NEW SUBSECTION. 5. Notwithstanding section 8.33,
21 moneys appropriated in this section and the designated
22 allocations that remain unencumbered or unobligated
23 at the close of the fiscal year shall not revert but
24 shall remain available for expenditure for the purposes
25 designated until the close of the succeeding fiscal
26 year.>

27 106. Page 77, before line 30 by inserting:
28 <QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
29 SERVICES>

30 107. Page 79, after line 3 by inserting:
31 <STATE INSTITUTION — APPROPRIATION TRANSFERS
32 Sec. _____. DEPARTMENT OF HUMAN SERVICES. There
33 is transferred between the following designated
34 appropriations made to the department of human services
35 for the fiscal year beginning July 1, 2010, and ending
36 June 30, 2011, not more than the following amounts:

37 1. From the appropriation made for purposes of the
38 state resource center at Glenwood in 2010 Iowa Acts,
39 chapter 1192, section 25, subsection 1, paragraph "a",
40 to the appropriation made for purposes of the Iowa
41 juvenile home at Toledo in 2010 Iowa Acts, chapter
42 1192, section 17, subsection 1:

43 \$ 400,000

44 2. From the appropriation made for purposes of the
45 state resource center at Woodward in 2010 Iowa Acts,
46 chapter 1192, section 25, subsection 1, paragraph "b",
47 to the appropriation made for purposes of the state
48 mental health institute at Independence in 2010 Iowa
49 Acts, chapter 1192, section 24, subsection 1, paragraph
50 "c":

1 \$ 400,000>

2 108. Page 79, by striking lines 4 through 14.

3 109. Page 81, after line 2 by inserting:

4 <Sec. _____. RETROACTIVE APPLICABILITY. The section
5 of this division of this Act making transfers between
6 appropriations made to the department of human services
7 for state institutions in 2010 Iowa Acts, chapter 1192,
8 applies retroactively to January 1, 2011.>

9 110. Page 82, after line 3 by inserting:

10 <Sec. _____. Section 29C.20B, Code 2011, is amended
11 to read as follows:

12 **29C.20B Disaster case management.**

13 1. ~~The rebuild Iowa office~~ homeland security
14 and emergency management division shall work with
15 the department of human services and nonprofit,
16 voluntary, and faith-based organizations active
17 in disaster recovery and response in coordination
18 with ~~the homeland security and emergency management~~
19 division the department of human services to establish
20 a statewide system of disaster case management to be
21 activated following the governor's proclamation of
22 a disaster emergency or the declaration of a major
23 disaster by the president of the United States for
24 individual assistance purposes. Under the system, the
25 ~~department of human services~~ homeland security and
26 emergency management division shall coordinate case
27 management services locally through local committees
28 as established in each local emergency management
29 commission's emergency plan. ~~Beginning July 1,~~
30 ~~2011, the department of human services shall assume~~
31 ~~the duties of the rebuild Iowa office under this~~
32 ~~subsection.~~

33 2. ~~The department of human services homeland~~
34 security and emergency management division, in
35 conjunction with the rebuild Iowa office, the homeland
36 security and emergency management division ~~department~~
37 of human services, and an Iowa representative to
38 the national voluntary organizations active in
39 disaster, shall adopt rules pursuant to chapter 17A to
40 create coordination mechanisms and standards for the
41 establishment and implementation of a statewide system
42 of disaster case management which shall include at
43 least all of the following:

- 44 a. Disaster case management standards.
- 45 b. Disaster case management policies.
- 46 c. Reporting requirements.
- 47 d. Eligibility criteria.
- 48 e. Coordination mechanisms necessary to carry out
- 49 the services provided.
- 50 f. Develop formal working relationships with

1 agencies and create interagency agreements for
2 those considered to provide disaster case management
3 services.

4 g. Coordination of all available services for
5 individuals from multiple agencies.>

6 111. Page 82, after line 3 by inserting:

7 <Sec. _____. Section 135.106, Code 2011, is amended
8 by adding the following new subsection:

9 NEW SUBSECTION. 4. It is the intent of the general
10 assembly that priority for home visitation funding be
11 given to approaches using evidence-based or promising
12 models for home visitation.>

13 112. Page 82, after line 3 by inserting:

14 <Sec. _____. Section 135H.6, subsection 8, Code 2011,
15 is amended to read as follows:

16 8. The department of human services may give
17 approval to conversion of beds approved under
18 subsection 6, to beds which are specialized to provide
19 substance abuse treatment. However, the total number
20 of beds approved under subsection 6 and this subsection
21 shall not exceed four hundred thirty. Conversion of
22 beds under this subsection shall not require a revision
23 of the certificate of need issued for the psychiatric
24 institution making the conversion. Beds for children
25 who do not reside in this state and whose service costs
26 are not paid by public funds in this state are not
27 subject to the limitations on the number of beds and
28 certificate of need requirements otherwise applicable
29 under this section.>

30 113. Page 82, after line 31 by inserting:

31 <Sec. _____. Section 154A.24, subsection 3, paragraph
32 s, Code 2011, is amended by striking the paragraph.>

33 114. Page 82, after line 31 by inserting:

34 <Sec. _____. **NEW SECTION. 155A.43 Pharmaceutical**
35 **collection and disposal program — annual allocation.**

36 Of the fees collected pursuant to sections 124.301
37 and 147.80 and chapter 155A by the board of pharmacy,
38 and retained by the board pursuant to section 147.82,
39 not more than one hundred twenty-five thousand
40 dollars, may be allocated annually by the board for
41 administering the pharmaceutical collection and
42 disposal program originally established pursuant to
43 2009 Iowa Acts, chapter 175, section 9. The program
44 shall provide for the management and disposal of
45 unused, excess, and expired pharmaceuticals. The
46 board of pharmacy may cooperate with the Iowa pharmacy
47 association and may consult with the department and
48 sanitary landfill operators in administering the
49 program.>

50 115. Page 83, after line 9 by inserting:

1 <Sec. _____. Section 235B.19, Code 2011, is amended
2 by adding the following new subsection:

3 NEW SUBSECTION. 2A. *a.* The department shall
4 serve a copy of the petition and any order authorizing
5 protective services, if issued, on the dependent adult
6 and on persons who are competent adults and reasonably
7 ascertainable at the time the petition is filed in
8 accordance with the following priority:

9 (1) An attorney in fact named by the dependent
10 adult in a durable power of attorney for health care
11 pursuant to chapter 144B.

12 (2) The dependent adult's spouse.

13 (3) The dependent adult's children.

14 (4) The dependent adult's grandchildren.

15 (5) The dependent adult's siblings.

16 (6) The dependent adult's aunts and uncles.

17 (7) The dependent adult's nieces and nephews.

18 (8) The dependent adult's cousins.

19 *b.* When the department has served a person in one
20 of the categories specified in paragraph "a", the
21 department shall not be required to serve a person in
22 any other category.

23 *c.* The department shall serve the dependent adult's
24 copy of the petition and order personally upon the
25 dependent adult. Service of the petition and all other
26 orders and notices shall be in a sealed envelope with
27 the proper postage on the envelope, addressed to the
28 person being served at the person's last known post
29 office address, and deposited in a mail receptacle
30 provided by the United States postal service. The
31 department shall serve such copies of emergency orders
32 authorizing protective services and notices within
33 three days after filing the petition and receiving such
34 orders.

35 *d.* The department and all persons served by the
36 department with notices under this subsection shall
37 be prohibited from all of the following without prior
38 court approval after the department's petition has been
39 filed:

40 (1) Selling, removing, or otherwise disposing of
41 the dependent adult's personal property.

42 (2) Withdrawing funds from any bank, savings and
43 loan association, credit union, or other financial
44 institution, or from an account containing securities
45 in which the dependent adult has an interest.>

46 116. Page 83, after line 9 by inserting:

47 <Sec. _____. Section 237A.1, subsection 3, paragraph
48 n, Code 2011, is amended to read as follows:

49 *n.* A program offered to a child whose parent,
50 guardian, or custodian is engaged solely in a

1 recreational or social activity, remains immediately
2 available and accessible on the physical premises on
3 which the child's care is provided, and does not engage
4 in employment while the care is provided. However,
5 if the recreational or social activity is provided in
6 a fitness center or on the premises of a nonprofit
7 organization the parent, guardian, or custodian of the
8 child may be employed to teach or lead the activity.>

9 117. Page 83, after line 9 by inserting:
10 <Sec. _____. Section 249A.4B, subsection 2, paragraph
11 a, subparagraph (18), Code 2011, is amended to read as
12 follows:

13 (18) The ~~Iowa/Nebraska~~ Iowa primary care
14 association.>

15 118. Page 83, by striking lines 10 through 19.

16 119. Page 83, after line 21 by inserting:

17 <DIVISION _____
18 IOWA FALSE CLAIMS ACT

19 Sec. _____. Section 685.1, subsection 11, Code 2011,
20 is amended to read as follows:

21 11. "*Original source*" means an individual who ~~has~~
22 ~~direct and independent~~ prior to a public disclosure
23 under section 685.3, subsection 5, paragraph "c", has
24 voluntarily disclosed to the state the information on
25 which the allegations or transactions in a claim are
26 based; or who has knowledge of the information on which
27 the allegations are based that is independent of and
28 materially adds to the publicly disclosed allegations
29 or transactions, and has voluntarily provided the
30 information to the state before filing an action under
31 section 685.3 which is based on the information this
32 chapter.

33 Sec. _____. Section 685.1, Code 2011, is amended by
34 adding the following new subsection:

35 NEW SUBSECTION. 15. "*State*" means the state of
36 Iowa.

37 Sec. _____. Section 685.2, subsection 1, unnumbered
38 paragraph 1, Code 2011, is amended to read as follows:

39 A person who commits any of the following acts is
40 jointly and severally liable to the state for a civil
41 penalty of not less than five thousand dollars and
42 not more than ten thousand dollars the civil penalty
43 allowed under the federal False Claims Act, as codified
44 in 31 U.S.C. § 3729 et seq., as may be adjusted in
45 accordance with the inflation adjustment procedures
46 prescribed in the federal Civil Penalties Inflation
47 Adjustment Act of 1990, Pub. L. No. 101-410, for each
48 false or fraudulent claim, plus three times the amount
49 of damages which the state sustains because of the act
50 of that person:

1 Sec. _____. Section 685.3, subsection 5, paragraph
2 c, Code 2011, is amended by striking the paragraph and
3 inserting in lieu thereof the following:

4 c. A court shall dismiss an action or claim
5 under this section, unless opposed by the state, if
6 substantially the same allegations or transactions as
7 alleged in the action or claim were publicly disclosed
8 in a state criminal, civil, or administrative hearing
9 in which the state or an agent of the state is a
10 party; in a state legislative, state auditor, or other
11 state report, hearing, audit, or investigation; or
12 by the news media, unless the action is brought by
13 the attorney general or the qui tam plaintiff is an
14 original source of the information.

15 Sec. _____. Section 685.3, subsection 6, Code 2011,
16 is amended to read as follows:

17 6. a. Any employee, contractor, or agent who
18 shall be entitled to all relief necessary to make
19 that employee, contractor, or agent whole, if that
20 employee, contractor, or agent is discharged, demoted,
21 suspended, threatened, harassed, or in any other manner
22 discriminated against in the terms and conditions of
23 employment because of lawful acts performed done by
24 the employee, contractor, or agent ~~on behalf of the~~
25 ~~employee, contractor, or agent~~ or associated others in
26 furtherance of an action under this section or other
27 efforts to stop a violation one or more violations of
28 this chapter, shall be entitled to all relief necessary
29 to make the employee, contractor, or agent whole. Such
30 relief

31 b. Relief under paragraph "a" shall include
32 reinstatement with the same seniority status ~~such~~
33 that employee, contractor, or agent would have had
34 but for the discrimination, two times the amount of
35 back pay, interest on the back pay, and compensation
36 for any special damages sustained as a result of
37 the discrimination, including litigation costs and
38 reasonable attorney fees. An ~~employee, contractor, or~~
39 agent may bring an action under this subsection may be
40 brought in the appropriate district court of the state
41 for the relief provided in this subsection.

42 c. A civil action under this subsection shall not
43 be brought more than three years after the date when
44 the retaliation occurred.

45 DIVISION
46 IOWACARE PROGRAM

47 Sec. _____. Section 249J.6, subsection 2, paragraph
48 b, Code 2011, is amended to read as follows:

49 b. Refusal of an expansion population member to
50 participate in a comprehensive medical examination

1 or any health risk assessment implemented by the
2 department shall not be a basis for ineligibility
3 for or disenrollment from the expansion population.
4 Refusal of an expansion population member to
5 participate in a comprehensive medical examination or
6 other preventative health service shall not negatively
7 affect the calculation of performance payments for an
8 expansion population network provider medical home.

9 Sec. _____. Section 249J.6, subsection 3, Code 2011,
10 is amended to read as follows:

11 3. Expansion population members, including members
12 assigned to an expansion population network provider
13 medical home, shall be provided access to an IowaCare
14 nurse helpline, accessible twenty-four hours per day,
15 seven days per week, to assist expansion population
16 members in making appropriate choices about the use of
17 emergency room and other health care services.

18 Sec. _____. Section 249J.7, subsection 1, paragraph
19 c, Code 2011, is amended to read as follows:

20 c. (1) Tertiary care shall only be provided to
21 eligible expansion population members residing in any
22 county in the state at the university of Iowa hospitals
23 and clinics.

24 (2) Secondary care shall be provided by the
25 publicly owned acute care teaching hospital located
26 in a county with a population over three hundred
27 fifty thousand and the university of Iowa hospitals
28 and clinics, based on county of residence, only to
29 the extent specified in the phase-in of the regional
30 provider network designated by the department.

31 Sec. _____. Section 249J.24A, subsection 1, Code
32 2011, is amended to read as follows:

33 1. A nonparticipating provider may be reimbursed
34 for covered expansion population services provided to
35 an expansion population member ~~by a nonparticipating~~
36 ~~provider if the nonparticipating provider contacts the~~
37 ~~appropriate participating provider prior to providing~~
38 ~~covered services to verify consensus regarding one of~~
39 ~~the following courses of action if any of the following~~
40 ~~conditions is met:~~

41 ~~a. If the nonparticipating provider and the~~
42 ~~participating provider agree that the medical status~~
43 ~~of the expansion population member indicates it~~
44 ~~is medically possible to postpone provision of~~
45 ~~services, the nonparticipating provider shall direct~~
46 ~~the expansion population member to the appropriate~~
47 ~~participating provider for services.~~

48 ~~b. a. If the nonparticipating provider and the~~
49 ~~participating provider agree determines that the~~
50 ~~medical status of the expansion population member~~

1 indicates it is not medically ~~possible~~ advisable to
2 postpone provision of services, the nonparticipating
3 provider shall provide medically necessary services.
4 ~~e.~~ b. If the nonparticipating provider and the
5 participating provider agree that transfer of the
6 expansion population member is not possible due to lack
7 of available inpatient capacity, the nonparticipating
8 provider shall provide medically necessary services.
9 ~~d.~~ c. If the medical status of the expansion
10 population member indicates a medical emergency and the
11 nonparticipating provider is not able to contact the
12 appropriate participating provider prior to providing
13 medically necessary services, the nonparticipating
14 provider shall document the medical emergency
15 and inform the appropriate participating provider
16 immediately after the member has been stabilized of any
17 covered services provided.

18 Sec. _____. Section 249J.24A, subsection 2, paragraph
19 a, Code 2011, is amended to read as follows:

20 a. If the nonparticipating provider meets
21 the requirements specified in subsection 1, the
22 nonparticipating provider shall be reimbursed for
23 covered expansion population services, limited to
24 emergency and other inpatient hospital services
25 provided to the expansion population member up to the
26 point of transfer to another provider, discharge,
27 or transfer to another level of care, through the
28 nonparticipating provider reimbursement fund in
29 accordance with rules adopted by the department of
30 human services. However, any funds received from
31 participating providers, appropriated to participating
32 providers, or deposited in the IowaCare account
33 pursuant to section 249J.24, shall not be transferred
34 or appropriated to the nonparticipating provider
35 reimbursement fund or otherwise used to reimburse
36 nonparticipating providers.

37 DIVISION _____

38 VOLUNTEER HEALTH CARE PROVIDER PROGRAM

39 Sec. _____. Section 135.24, subsection 2, paragraphs
40 b and c, Code 2011, are amended to read as follows:

41 b. Procedures for registration of hospitals, free
42 clinics, field dental clinics, and specialty health
43 care provider offices.

44 c. Criteria for and identification of hospitals,
45 clinics, free clinics, field dental clinics, specialty
46 health care provider offices, or other health care
47 facilities, health care referral programs, or
48 charitable organizations, eligible to participate in
49 the provision of free medical, dental, chiropractic,
50 pharmaceutical, nursing, optometric, psychological,

1 social work, behavioral science, podiatric, physical
2 therapy, occupational therapy, respiratory therapy, or
3 emergency medical care services through the volunteer
4 health care provider program. A hospital, a clinic, a
5 free clinic, a field dental clinic, a specialty health
6 care provider office, a health care facility, a health
7 care referral program, a charitable organization, or
8 a health care provider participating in the program
9 shall not bill or charge a patient for any health care
10 provider service provided under the volunteer health
11 care provider program.

12 Sec. _____. Section 135.24, Code 2011, is amended by
13 adding the following new subsection:

14 NEW SUBSECTION. 6A. A hospital providing free care
15 under this section shall be considered a state agency
16 solely for the purposes of this section and chapter 669
17 and shall be afforded protection under chapter 669 as a
18 state agency for all claims arising from the provision
19 of free care by a health care provider registered under
20 subsection 3 who is providing services at the hospital
21 in accordance with this section, if the hospital has
22 registered with the department pursuant to subsection
23 1.

24 Sec. _____. Section 135.24, subsection 7, Code 2011,
25 is amended by adding the following new paragraph:

26 NEW PARAGRAPH. *Oe.* "Hospital" means hospital as
27 defined in section 135B.1.

28 DIVISION _____
29 HEALTH CARE COST CONTAINMENT

30 Sec. _____. ALL-PAYER CLAIMS DATABASE PLAN. The
31 department of human services shall develop a plan to
32 establish an all-payer claims database to provide
33 for the collection and analysis of claims data from
34 multiple payers of health care. The plan shall
35 establish the goals of the database which may include
36 but are not limited to determining health care
37 utilization patterns and rates; identifying gaps in
38 prevention and health promotion services; evaluating
39 access to care; assisting with benefit design and
40 planning; analyzing statewide and local health care
41 expenditures by provider, employer, and geography;
42 informing the development of payment systems for
43 providers; and establishing clinical guidelines related
44 to quality, safety, and continuity of care. The plan
45 shall identify a standard means of data collection,
46 statutory changes necessary to the collection and
47 use of the data, and the types of claims for which
48 collection of data is required which may include
49 but are not limited to eligibility data; provider
50 information; medical data; private and public medical,

1 pharmacy, and dental claims data; and other appropriate
2 data. The plan shall also include an implementation
3 and maintenance schedule including a proposed budget
4 and funding plan and vision for the future.

5 Sec. _____. PROVIDER PAYMENT SYSTEM PLAN — PILOT
6 PROJECT. The department of human services shall
7 develop a provider payment system plan to provide
8 recommendations to reform the health care provider
9 payment system as an effective way to promote
10 coordination of care, lower costs, and improve quality.
11 The plan shall provide analysis and recommendations
12 regarding but not limited to accountable care
13 organizations, a global payment system, or an episode
14 of care payment system.

15 Sec. _____. EFFECTIVE UPON ENACTMENT. This division
16 of this Act, being deemed of immediate importance,
17 takes effect upon enactment.>

18 120. Page 83, after line 21 by inserting:

19 <DIVISION _____
20 NURSING FACILITY QUALITY ASSURANCE ASSESSMENT PROGRAM

21 Sec. _____. Section 249L.2, Code 2011, is amended by
22 adding the following new subsection:

23 NEW SUBSECTION. 8A. "*Patient service revenue*" means
24 the total Medicaid, Medicare, and private pay revenues
25 as they correlate with the Medicaid cost reports.

26 Sec. _____. Section 249L.3, subsection 1, paragraph
27 d, Code 2011, is amended to read as follows:

28 *d.* The aggregate quality assurance assessments
29 imposed under this chapter shall not exceed the lower
30 of ~~three~~ five percent of the aggregate ~~non-Medicare~~
31 patient service revenues of a nursing facility or the
32 maximum amount that may be assessed pursuant to the
33 indirect guarantee threshold as established pursuant to
34 42 C.F.R. § 433.68(f)(3)(i), and shall be stated on a
35 per-patient-day basis.

36 Sec. _____. Section 249L.4, subsection 2, Code 2011,
37 is amended to read as follows:

38 2. *a.* Moneys in the trust fund shall be used,
39 subject to their appropriation by the general assembly,
40 by the department only for reimbursement of services
41 for which federal financial participation under the
42 medical assistance program is available to match state
43 funds.

44 *b.* Any moneys appropriated from the trust fund for
45 reimbursement of nursing facilities, in addition to
46 the quality assurance assessment pass-through and the
47 quality assurance assessment rate add-on which shall be
48 used as specified in subsection 5, paragraph "*b*", shall
49 be used in a manner such that no less than thirty-five
50 percent of the amount received by a nursing facility

1 is used for increases in compensation and costs
2 of employment for direct care workers, and no less
3 than sixty percent of the total is used to increase
4 compensation and costs of employment for all nursing
5 facility staff. For the purposes of use of such
6 funds, "direct care worker", "nursing facility staff",
7 "increases in compensation", and "costs of employment"
8 mean as defined or specified in this chapter.

9 c. One million dollars of the moneys in the trust
10 fund shall be used to increase the monthly upper cost
11 limit for services under the medical assistance home
12 and community-based services waiver for the elderly.

13 Sec. _____. Section 249L.4, subsection 5, paragraph
14 a, subparagraph (2), Code 2011, is amended to read as
15 follows:

16 (2) A quality assurance assessment rate
17 add-on. This rate add-on shall be calculated on a
18 per-patient-day basis for medically indigent residents.
19 The amount paid to a nursing facility as a quality
20 assurance assessment rate add-on shall ~~be ten~~ not
21 exceed fifteen dollars per patient day.

22 Sec. _____. DIRECTIVE TO DEPARTMENT OF HUMAN
23 SERVICES. Upon enactment of this division of this Act,
24 the department of human services shall request any
25 medical assistance state plan amendment necessary to
26 implement the revisions to the nursing facility quality
27 assurance assessment program specified in this division
28 of this Act from the centers for Medicare and Medicaid
29 services of the United States department of health and
30 human services.

31 Sec. _____. CONTINGENCY PROVISION. The revised
32 quality assurance assessment specified in this Act
33 shall accrue beginning July 1, 2011. However, accrued
34 quality assurance assessments shall not be collected
35 prior to completion of both of the following:

36 1. The approval of the medical assistance state
37 plan amendment necessary to implement the revisions
38 specified in this division of this Act by the centers
39 for Medicare and Medicaid services of the United States
40 department of health and human services.

41 2. An appropriation enacted by the general assembly
42 to implement the revised nursing facility provider
43 reimbursements as provided in this Act.

44 Sec. _____. EFFECTIVE UPON ENACTMENT AND
45 APPLICABILITY. This division of this Act, being deemed
46 of immediate importance, takes effect upon enactment.
47 However, the department of human services shall only
48 implement this division of this Act if the department
49 receives approval of the state plan amendment necessary
50 to implement the revisions to the nursing facility

1 quality assurance assessment program as specified in
2 this division of this Act.>

3 121. Page 83, after line 21 by inserting:

4 <DIVISION
5 PHARMACY ASSESSMENT

6 Sec. ____ . NEW SECTION. 249N.1 Title.

7 This chapter shall be known and may be cited as the
8 "Pharmacy Assessment Program".

9 Sec. ____ . NEW SECTION. 249N.2 Definitions.

10 As used in this chapter, unless the context
11 otherwise requires:

12 1. "Department" means the department of human
13 services.

14 2. "Pharmacy" means pharmacy as defined in section
15 155A.3.

16 Sec. ____ . NEW SECTION. 249N.3 Pharmacy assessment
17 program.

18 1. Beginning July 1, 2011, or the implementation
19 date of the pharmacy assessment program as determined
20 by receipt of approval from the centers for Medicare
21 and Medicaid services of the United States department
22 of health and human services, whichever is later, a
23 pharmacy in this state shall be assessed a fee based
24 on a methodology determined by the department in
25 consultation with pharmacy representatives. Pharmacies
26 domiciled or headquartered outside the state that are
27 engaged in prescription drug sales that are delivered
28 directly to patients within the state via common
29 carrier, mail, or a carrier service are not subject to
30 the provisions of this chapter.

31 2. The aggregate assessment imposed under this
32 section shall not exceed the maximum amount that may be
33 assessed pursuant to the indirect guarantee threshold
34 as established pursuant to 42 C.F.R. § 433.68(f)(3)(i),
35 and shall be stated on a per prescription basis.

36 3. The assessment shall be paid by each pharmacy to
37 the department on a quarterly basis. The department
38 shall prepare and distribute a form upon which
39 pharmacies shall calculate and report the assessment.
40 A pharmacy shall submit the completed form with the
41 assessment amount no later than the last day of the
42 month following the end of each calendar quarter. The
43 department may deduct the monthly amount from medical
44 assistance payments to a pharmacy. The amount deducted
45 from the payments shall not exceed the total amount of
46 the assessment due.

47 4. A pharmacy shall retain and preserve for a
48 period of three years such books and records as may be
49 necessary to determine the amount of the assessment
50 for which the pharmacy is liable under this chapter.

1 The department may inspect and copy the books and
2 records of a pharmacy for the purpose of auditing
3 the calculation of the assessment. All information
4 obtained by the department under this subsection is
5 confidential and does not constitute a public record.

6 5. The department shall collect the assessment
7 imposed and shall deposit all revenues collected in
8 the pharmacy assessment trust fund created in section
9 249N.4.

10 6. a. A pharmacy that fails to pay the assessment
11 within the time frame specified in this section
12 shall pay, in addition to the outstanding assessment,
13 a penalty of one and five-tenths percent of the
14 assessment amount owed for each month or portion of
15 each month that the payment is overdue.

16 b. If the assessment has not been received by the
17 department by seven days after the last day of the
18 month in which the payment is due, the department shall
19 withhold an amount equal to the assessment and penalty
20 owed from any payment due such pharmacy under the
21 medical assistance program.

22 c. The assessment imposed under this section
23 constitutes a debt due the state and may be collected
24 by civil action, including but not limited to the
25 filing of tax liens, and any other method provided for
26 by law.

27 d. Any penalty collected pursuant to this
28 subsection shall be credited to the pharmacy assessment
29 trust fund.

30 7. a. If pharmacies are not reimbursed at the
31 reimbursement rates established pursuant to this
32 chapter, the department shall terminate the imposition
33 of the assessment under this section no later than
34 ninety days from the date such reimbursement takes
35 effect.

36 b. If federal financial participation to match the
37 assessments made under this section becomes unavailable
38 under federal law, the department shall terminate the
39 imposition of the assessments beginning on the date the
40 federal statutory, regulatory, or interpretive change
41 takes effect.

42 Sec. ____ . NEW SECTION. 249N.4 Pharmacy assessment
43 trust fund.

44 1. A pharmacy assessment trust fund is created
45 in the state treasury under the authority of the
46 department. Moneys received through the collection of
47 the pharmacy assessment imposed under this chapter and
48 any other moneys specified for deposit in the trust
49 fund shall be deposited in the trust fund.

50 2. Moneys in the trust fund shall be used, subject

1 to their appropriation by the general assembly, by
2 the department only for reimbursement of services for
3 which federal financial participation under the medical
4 assistance program is available to match state funds.

5 3. Beginning July 1, 2011, or the implementation
6 date of the pharmacy assessment program as determined
7 by receipt of approval from the centers for Medicare
8 and Medicaid services of the United States department
9 of health and human services, whichever is later,
10 moneys that are appropriated from the trust fund for
11 reimbursement to pharmacies shall be used to provide
12 the following pharmacy reimbursement adjustment
13 increases within the parameters specified:

14 a. Enhanced generic prescription drug dispensing
15 fee. The department shall reimburse pharmacy
16 dispensing fees using a rate of four dollars and
17 thirty-four cents per prescription plus the enhanced
18 generic prescription drug dispensing fee per generic
19 prescription.

20 b. Enhanced brand name prescription drug dispensing
21 fee. The department shall reimburse pharmacy
22 dispensing fees using a rate of four dollars and
23 thirty-four cents per prescription plus the enhanced
24 brand name prescription drug dispensing fee per brand
25 name prescription.

26 4. Appropriations from the trust fund shall be
27 based on the following:

28 a. For the fiscal year beginning July 1, 2011,
29 fifty-one percent of the moneys in the trust fund shall
30 be appropriated for reimbursement to pharmacies.

31 b. For the fiscal year beginning July 1, 2012,
32 seventy-five percent of the moneys in the trust fund
33 shall be appropriated for reimbursement to pharmacies.

34 5. Any payments made to pharmacies under this
35 section shall result in budget neutrality to the
36 general fund of the state.

37 6. The trust fund shall be separate from the
38 general fund of the state and shall not be considered
39 part of the general fund of the state. The moneys
40 in the trust fund shall not be considered revenue of
41 the state, but rather shall be funds of the pharmacy
42 assessment program. The moneys deposited in the
43 trust fund are not subject to section 8.33 and shall
44 not be transferred, used, obligated, appropriated,
45 or otherwise encumbered, except to provide for the
46 purposes of this chapter. Notwithstanding section
47 12C.7, subsection 2, interest or earnings on moneys
48 deposited in the trust fund shall be credited to the
49 trust fund.

50 7. The department shall adopt rules pursuant

1 to chapter 17A to administer the trust fund and
2 reimbursements made from the trust fund.

3 8. The department shall report annually to the
4 general assembly regarding the use of moneys deposited
5 in the trust fund and appropriated to the department.

6 Sec. _____. NEW SECTION. 249N.5 REPEAL.

7 This chapter is repealed June 30, 2013.

8 Sec. _____. DIRECTIVE TO DEPARTMENT OF HUMAN
9 SERVICES. Upon enactment of this division of this Act,
10 the department of human services shall request any
11 medical assistance state plan amendment necessary to
12 implement this division of this Act from the centers
13 for Medicare and Medicaid services of the United States
14 department of health and human services.

15 Sec. _____. CONTINGENCY PROVISIONS.

16 1. The pharmacy assessment imposed pursuant to this
17 division of this Act shall not be imposed retroactively
18 prior to July 1, 2011.

19 2. The pharmacy assessment shall not be collected
20 until the department of human services has received
21 approval of the assessment from the centers for
22 Medicare and Medicaid services of the United States
23 department of health and human services.

24 Sec. _____. EFFECTIVE UPON ENACTMENT AND
25 APPLICABILITY. This division of this Act, being deemed
26 of immediate importance, takes effect upon enactment.
27 However, the department of human services shall only
28 implement this division of this Act if the department
29 receives federal approval of the requests relating to
30 the medical assistance state plan amendment necessary
31 to implement this division of this Act.>

32 122. Page 83, after line 21 by inserting:

33 <DIVISION _____
34 BISPHENOL A PROHIBITION

35 Sec. _____. NEW SECTION. 135.181 Bisphenol A
36 prohibition.

37 1. As used in this section, unless the context
38 otherwise requires:

39 a. "*Infant pacifier*" means a device designed to be
40 bitten or sucked by an infant for the sole purpose of
41 soothing or providing comfort to the infant, including
42 soothing discomfort caused by teething.

43 b. "*Reusable beverage container*" means a baby bottle
44 or spill-proof container primarily intended by the
45 manufacturer for use by a child three years of age or
46 younger.

47 1A. For purposes of this section, "*reusable beverage*
48 *container*" includes disposable baby bottle liners
49 designed to hold liquids in a baby bottle.

50 2. Beginning January 1, 2013, a person shall

1 not manufacture, sell, or distribute in commerce in
2 this state any infant pacifier or reusable beverage
3 container containing bisphenol A. A manufacturer or
4 wholesaler who sells or offers for sale in this state a
5 reusable beverage container that is intended for retail
6 sale shall do all of the following:

7 a. Ensure that the container is conspicuously
8 labeled as not containing bisphenol A.

9 b. Provide the retailer with affirmation that the
10 container does not contain bisphenol A.

11 3. A manufacturer shall use the least toxic
12 alternative when replacing bisphenol A in accordance
13 with this section.

14 4. In complying with this section, a manufacturer
15 shall not replace bisphenol A with a substance rated
16 by the United States environmental protection agency
17 as a class A, B, or C carcinogen or a substance listed
18 on the agency's list of chemicals evaluated for
19 carcinogenic potential as known or likely carcinogens,
20 known to be human carcinogens, or likely to be human
21 carcinogens.

22 5. In complying with this section, a manufacturer
23 shall not replace bisphenol A with a reproductive
24 toxicant that has been identified by the United States
25 environmental protection agency as causing birth
26 defects, reproductive harm, or developmental harm.

27 6. A person who violates this section is subject
28 to a civil penalty of five hundred dollars for each
29 violation.

30 Sec. _____. EFFECTIVE DATE. This division of this
31 Act takes effect January 1, 2013.>

32 123. Page 83, after line 21 by inserting:

33 <DIVISION

34 HEALTH INFORMATION TECHNOLOGY

35 Sec. _____. NEW SECTION. 135D.1 Findings and intent.

36 1. The general assembly finds all of the following:

37 a. Technology used to support health-related
38 functions is widely known as health information
39 technology. Electronic health records are used to
40 collect and store relevant patient health information.
41 Electronic health records serve as a means of bringing
42 evidence-based knowledge resources and patient
43 information to the point of care to support better
44 decision making and more efficient care processes.

45 b. Health information technology allows for
46 comprehensive management of health information and its
47 secure electronic exchange between providers, public
48 health agencies, payers, and consumers. Broad use of
49 health information technology should improve health
50 care quality and the overall health of the population,

1 increase efficiencies in administrative health care,
2 reduce unnecessary health care costs, and help prevent
3 medical errors.

4 c. Health information technology provides a
5 mechanism to transform the delivery of health and
6 medical care in Iowa and across the nation.

7 2. It is the intent of the general assembly to
8 use health information technology as a catalyst
9 to achieve a healthier Iowa through the electronic
10 sharing of health information. A health information
11 network involves sharing health information across the
12 boundaries of individual practice and institutional
13 health settings and with consumers. The result is a
14 public good that will contribute to improved clinical
15 outcomes and patient safety, population health, access
16 to and quality of health care, and efficiency in health
17 care delivery.

18 3. It is the intent of the general assembly that
19 the health information network shall not constitute a
20 health benefit exchange or a health insurance exchange.

21 Sec. ____ . NEW SECTION. 135D.2 **Definitions.**

22 For the purposes of this chapter, unless the context
23 otherwise requires:

24 1. "*Authorized*" means having met the requirements
25 as a participant for access to the health information
26 network.

27 2. "*Board*" means the board of directors of Iowa
28 e-health.

29 3. "*Consumers*" means people who acquire and use
30 goods and services for personal need.

31 4. "*Continuity of care document*" means a summary
32 of a patient's health information for each visit to a
33 provider to be delivered through the health information
34 network.

35 5. "*Department*" means the department of public
36 health.

37 6. "*Deputy director*" means the deputy director of
38 public health.

39 7. "*Director*" means the director of public health.

40 8. "*Exchange*" means the authorized electronic
41 sharing of health information between providers,
42 payers, consumers, public health agencies, the
43 department, and other authorized participants utilizing
44 the health information network and health information
45 network services.

46 9. "*Executive director*" means the executive director
47 of the office of health information technology.

48 10. "*Health information*" means any information,
49 in any form or medium, that is created, transmitted,
50 or received by a provider, payer, consumer, public

1 health agency, the department, or other authorized
2 participant, which relates to the past, present,
3 or future physical or mental health or condition of
4 an individual; the provision of health care to an
5 individual; or the past, present, or future payment for
6 the provision of health care to an individual.

7 11. "*Health information network*" means the exclusive
8 statewide electronic health information network.

9 12. "*Health information network services*" means
10 the exchanging of health information via the health
11 information network; education and outreach to
12 support connection and access to and use of the health
13 information network; and all other activities related
14 to the electronic exchange of health information.

15 13. "*Health Insurance Portability and Accountability*
16 *Act*" means the federal Health Insurance Portability
17 and Accountability Act of 1996, Pub. L. No. 104-191,
18 including amendments thereto and regulations
19 promulgated thereunder.

20 14. "*Infrastructure*" means technology including
21 architecture, hardware, software, networks, terminology
22 and standards, and policies and procedures governing
23 the electronic exchange of health information.

24 15. "*Iowa e-health*" means the collaboration
25 between the department and other public and private
26 stakeholders to establish, operate, and sustain an
27 exclusive statewide health information network.

28 16. "*Iowa Medicaid enterprise*" means Iowa medicaid
29 enterprise as defined in section 249J.3.

30 17. "*Local board of health*" means a city, county, or
31 district board of health.

32 18. "*Office*" means the office of health information
33 technology within the department.

34 19. "*Participant*" means an authorized provider,
35 payer, patient, public health agency, the department,
36 or other authorized person that has voluntarily agreed
37 to authorize, submit, access, and disclose health
38 information through the health information network in
39 accordance with this chapter and all applicable laws,
40 rules, agreements, policies, and procedures.

41 20. "*Participation and data sharing agreement*" means
42 the agreement outlining the terms of access and use for
43 participation in the health information network.

44 21. "*Patient*" means a person who has received or is
45 receiving health services from a provider.

46 22. "*Payer*" means a person who makes payments
47 for health services, including but not limited to an
48 insurance company, self-insured employer, government
49 program, individual, or other purchaser that makes such
50 payments.

1 23. "Protected health information" means
2 individually identifiable patient information,
3 including demographic information, related to the past,
4 present, or future health or condition of a person;
5 the provision of health care to a person; or the past,
6 present, or future payment for such health care; which
7 is created, transmitted, or received by a participant.
8 "Protected health information" does not include
9 education and other records that are covered under the
10 federal Family Educational Rights and Privacy Act of
11 1974, as codified at 20 U.S.C. 1232g, as amended; or
12 any employment records maintained by a covered entity,
13 as defined under the Health Insurance Portability and
14 Accountability Act, in its role as an employer.

15 24. "Provider" means a hospital, physician clinic,
16 pharmacy, laboratory, health service provider, or
17 other person that is licensed, certified, or otherwise
18 authorized or permitted by law to administer health
19 care in the ordinary course of business or in the
20 practice of a profession, or any other person or
21 organization that furnishes, bills, or is paid for
22 health care in the normal course of business.

23 25. "Public health agency" means an entity that is
24 governed by or contractually responsible to a local
25 board of health or the department to provide services
26 focused on the health status of population groups and
27 their environments.

28 26. "Purchaser" means any individual, employer,
29 or organization that purchases health insurance or
30 services and includes intermediaries.

31 27. "Vendor" means a person or organization that
32 provides or proposes to provide goods or services to
33 the department pursuant to a contract, but does not
34 include an employee of the state, a retailer, or a
35 state agency or instrumentality.

36 Sec. ____ . **NEW SECTION. 135D.3 Iowa e-health**
37 **established — guiding principles, goals, domains.**

38 1. Iowa e-health is established as a
39 public-private, multi-stakeholder collaborative.
40 The purpose of Iowa e-health is to develop, administer,
41 and sustain the health information network to improve
42 the quality, safety, and efficiency of health care
43 available to Iowans.

44 2. Iowa e-health shall manage and operate
45 the health information network. Nothing in
46 this chapter shall be interpreted to impede or
47 preclude the formation and operation of regional,
48 population-specific, or local health information
49 networks or their participation in the health
50 information network.

1 3. Iowa e-health shall facilitate the exchange
2 of health information for prevention and treatment
3 purposes to help providers make the best health care
4 decisions for patients and to provide patients with
5 continuity of care regardless of the provider the
6 patient visits.

7 4. The guiding principles of Iowa e-health include
8 all of the following:

9 a. To engage in a collaborative, public-private,
10 multi-stakeholder effort including providers, payers,
11 purchasers, governmental entities, educational
12 institutions, and consumers.

13 b. To create a sustainable health information
14 network which makes information available when and
15 where it is needed.

16 c. To ensure the health information network
17 incorporates provider priorities and appropriate
18 participant education.

19 d. To instill confidence in consumers that their
20 health information is secure, private, and accessed
21 appropriately.

22 e. To build on smart practices and align with
23 federal standards to ensure interoperability within and
24 beyond the state.

25 5. The goals of Iowa e-health include all of the
26 following:

27 a. To build awareness and trust of health
28 information technology through communication and
29 outreach to providers and consumers.

30 b. To safeguard privacy and security of health
31 information shared electronically between participants
32 through the health information network so that the
33 health information is secure, private, and accessed
34 only by authorized individuals and entities.

35 c. To promote statewide deployment and use of
36 electronic health records.

37 d. To enable the electronic exchange of health
38 information.

39 e. To advance coordination of activities across
40 state and federal governments.

41 f. To establish a governance model for the health
42 information network.

43 g. To establish sustainable business and technical
44 operations for the health information exchange.

45 h. To secure financial resources to develop and
46 sustain the health information network.

47 i. To monitor and evaluate health information
48 technology progress and outcomes.

49 6. Iowa e-health shall include the following five
50 domains:

1 *a. Governance.* Iowa e-health shall be governed
2 by a board of directors whose members represent
3 stakeholders such as provider organizations and
4 associations, providers, payers, purchasers,
5 governmental entities, business, and consumers. Iowa
6 e-health shall be supported by the department's office
7 of health information technology. The board shall
8 set direction, goals, and policies for Iowa e-health
9 and provide oversight of the business and technical
10 operations of the health information network and health
11 information network services.

12 *b. Business and technical operations.* The office of
13 health information technology shall perform day-to-day
14 operations to support and advance Iowa e-health, the
15 health information network, and health information
16 network services.

17 *c. Finance.* Iowa e-health shall identify and
18 manage financial resources to achieve short-term and
19 long-term sustainability of the health information
20 network. The health information network shall be
21 financed by participants based on a business model and
22 financial sustainability plan approved by the board
23 no later than December 31, 2011, and submitted to the
24 governor and the general assembly. The model and plan
25 may contemplate participant fees based on value-based
26 principles. Fees shall not be assessed to participants
27 prior to approval by the board and an enactment of the
28 general assembly establishing such fees.

29 *d. Technical infrastructure.* Iowa e-health shall
30 implement and manage the core infrastructure and
31 standards to enable the safe and secure delivery of
32 health information to providers and consumers through
33 the health information network.

34 *e. Legal and policy.* Iowa e-health shall establish
35 privacy and security policies and guidelines, and
36 participation and data sharing agreements, to protect
37 consumers and enforce rules for utilization of the
38 health information network.

39 Sec. _____. **NEW SECTION. 135D.4 Governance — board**
40 **of directors — advisory council.**

41 1. Iowa e-health shall be governed by a board of
42 directors. Board members shall be residents of the
43 state of Iowa. The membership of the board shall
44 comply with sections 69.16 and 69.16A.

45 2. The board of directors shall be comprised of the
46 following members:

47 *a.* The board shall include all of the following as
48 voting members:

49 (1) Two members who represent the Iowa
50 collaborative safety net provider network created in

1 section 135.153, designated by the network.

2 (2) Four members who represent hospitals, two of
3 whom are designated by the two largest health care
4 systems in the state, one of whom is designated by the
5 university of Iowa hospitals and clinics, and one of
6 whom is designated by the Iowa hospital association to
7 represent critical access hospitals.

8 (3) Two members who represent two different private
9 health insurance carriers, designated by the federation
10 of Iowa insurers, one of which has the largest health
11 market share in Iowa.

12 (4) One member who is a licensed physician,
13 designated by the Iowa medical society.

14 (5) One member representing the department who is
15 designated by the department.

16 (6) One member representing the Iowa Medicaid
17 enterprise who is the Iowa Medicaid director, or the
18 director's designee.

19 *b.* The board shall include as ex officio,
20 nonvoting members four members of the general
21 assembly, one appointed by the speaker of the house of
22 representatives, one appointed by the minority leader
23 of the house of representatives, one appointed by the
24 majority leader of the senate, and one appointed by the
25 minority leader of the senate.

26 3. A person shall not serve on the board in any
27 capacity if the person is required to register as a
28 lobbyist under section 68B.36 because of the person's
29 activities for compensation on behalf of a profession
30 or an entity that is engaged in providing health care,
31 reviewing or analyzing health care, paying for health
32 care services or procedures, or providing health
33 information technology or health information network
34 services.

35 4. *a.* Board members shall serve four-year terms
36 but shall not serve more than two consecutive four-year
37 terms. However, the board members who represent state
38 agencies are not subject to term limits.

39 *b.* At the end of any term, a member of the
40 board may continue to serve until the appointing or
41 designating authority names a successor.

42 *c.* A vacancy on the board shall be filled for the
43 remainder of the term in the manner of the original
44 appointment. A vacancy in the membership of the board
45 shall not impair the right of the remaining members to
46 exercise all the powers and perform all the duties of
47 the board.

48 *d.* A board member may be removed by the board for
49 cause including but not limited to malfeasance in
50 office, failure to attend board meetings, misconduct,

1 or violation of ethical rules and standards.
2 Nonattendance of the board members appointed by the
3 governor shall be governed by the provisions of section
4 69.15. A board member may be removed by a vote of the
5 board if, based on the criteria provided in section
6 69.15, subsection 1, paragraphs "a" and "b", the board
7 member would be deemed to have submitted a resignation
8 from the board.

9 e. The board members shall elect a chairperson from
10 their membership. The department's designee shall
11 serve as vice chairperson.

12 5. Meetings of the board shall be governed by the
13 provisions of chapter 21.

14 a. The board shall meet upon the call of the
15 chairperson or the vice chairperson. Notice of the
16 time and place of each board meeting shall be given
17 to each member. The board shall keep accurate and
18 complete records of all of its meetings.

19 b. A simple majority of the members shall
20 constitute a quorum to enable the transaction of any
21 business and for the exercise of any power or function
22 of the board. Action may be taken and motions and
23 resolutions adopted by the affirmative vote of a
24 majority of the members attending the meeting whether
25 in person, by telephone, web conference, or other
26 means. A board member shall not vote by proxy or
27 through a delegate.

28 c. Public members of the board shall receive
29 reimbursement for actual expenses incurred while
30 serving in their official capacity, only if they are
31 not eligible for reimbursement by the organization that
32 they represent. A person who serves as a member of
33 the board shall not by reason of such membership be
34 entitled to membership in the Iowa public employees'
35 retirement system or service credit for any public
36 retirement system.

37 6. The board may exercise its powers, duties,
38 and functions as provided in this chapter and as
39 prescribed by law. The director and the board shall
40 ensure that matters under the purview of the board
41 are carried out in a manner that does not violate or
42 risk violation of applicable state or federal laws or
43 regulations, and that supports overriding public policy
44 and public safety concerns, fiscal compliance, and
45 compliance with the office of the national coordinator
46 for health information technology state health
47 information exchange cooperative agreement program or
48 any other cooperative agreement programs or grants
49 supporting Iowa e-health. The board shall do all of
50 the following:

1 *a.* Participate in the selection of the executive
2 director and assist in the development of performance
3 standards and evaluations of the executive director.
4 *b.* Establish priorities among health information
5 network services based on the needs of the population
6 of this state.
7 *c.* Oversee the handling and accounting of assets
8 and moneys received for or generated by the health
9 information network.
10 *d.* Establish committees and workgroups as needed.
11 *e.* Review and approve or disapprove all of the
12 following, as proposed by the department:
13 (1) Strategic, operational, and financial
14 sustainability plans for Iowa e-health, the health
15 information network, and health information network
16 services.
17 (2) Standards, requirements, policies, and
18 procedures for access, use, secondary use, and privacy
19 and security of health information network through the
20 health information exchange, consistent with applicable
21 federal and state standards and laws.
22 (3) Policies and procedures for administering the
23 infrastructure, technology, and associated professional
24 services necessary for the business and technical
25 operation of the health information network and health
26 information network services.
27 (4) Policies and procedures for evaluation of the
28 health information network and health information
29 network services.
30 (5) Mechanisms for periodic review and update of
31 policies and procedures.
32 (6) An annual budget and fiscal report for the
33 operations of the health information network and an
34 annual report for Iowa e-health and health information
35 network services.
36 (7) Major purchases of goods and services.
37 *f.* Adopt administrative rules pursuant to chapter
38 17A to implement this chapter and relating to the
39 management and operation of the health information
40 network and health information network services.
41 *g.* Adopt rules for monitoring access to and use
42 of the health information network and enforcement
43 of health information network rules, standards,
44 requirements, policies, and procedures. The board
45 may suspend, limit, or terminate a participant's
46 utilization of the health information network for
47 violation of such rules, standards, requirements,
48 policies, or procedures, and shall establish, by rule,
49 a process for notification, right to respond, and
50 appeal relative to such violations.

1 *h.* Have all remedies allowed by law to address any
2 violation of the terms of the participation and data
3 sharing agreement.

4 *i.* Perform any and all other activities in
5 furtherance of its purpose.

6 7. *a.* A board member is subject to chapter 68B,
7 the rules adopted by the Iowa ethics and campaign
8 disclosure board, and the ethics rules and requirements
9 that apply to the executive branch of state government.

10 *b.* A board member shall not participate in any
11 matter before the board in which the board member
12 has a direct or indirect interest in an undertaking
13 that places the board member's personal or business
14 interests in conflict with those of Iowa e-health,
15 including but not limited to an interest in a
16 procurement contract, or that may create the appearance
17 of impropriety.

18 8. *Advisory council.*

19 *a.* An advisory council to the board is established
20 to provide an additional mechanism for obtaining
21 broader stakeholder advice and input regarding health
22 information technology, the health information network,
23 and health information network services.

24 *b.* The advisory council shall be comprised of the
25 following members who shall serve two-year staggered
26 terms:

27 (1) The following members designated as specified:

28 (a) One member who is a licensed practicing nurse
29 in an office or clinic setting, designated by the Iowa
30 nurses association.

31 (b) One member representing licensed pharmacists,
32 designated by the Iowa pharmacy association.

33 (c) One member representing the Iowa healthcare
34 collaborative, designated by the collaborative.

35 (d) One member representing substance abuse
36 programs, designated by the Iowa behavioral health
37 association.

38 (e) One member representing community mental
39 health centers, designated by the Iowa association of
40 community providers.

41 (f) One member representing long-term care
42 providers, designated by the Iowa health care
43 association/Iowa center for assisted living and the
44 Iowa association of homes and services for the aging.

45 (g) One member representing licensed physicians,
46 designated by the Iowa academy of family physicians.

47 (h) One member representing chiropractors,
48 designated by the Iowa chiropractic society.

49 (i) One member who is a practicing physician in
50 an office or clinic setting, designated by the Iowa

1 osteopathic medical association.
2 (j) One member representing business interests,
3 designated by the Iowa association of business and
4 industry.
5 (2) The following members appointed by the board:
6 (a) One member representing the state board of
7 health.
8 (b) One member representing academics.
9 (c) One member representing the Iowa Medicare
10 quality improvement organization.
11 (d) One member who is the state chief information
12 officer.
13 (e) One member representing the private
14 telecommunications industry.
15 (f) One member representing Des Moines university.
16 (g) One member representing home health care
17 providers.
18 (h) One member representing the department of
19 veterans affairs.
20 c. The board may change the membership and the
21 composition of the advisory council, by rule, to
22 accommodate changes in stakeholder interests and the
23 evolution of health information technology, the health
24 information network, and health information network
25 services. An advisory council member may be removed by
26 a vote of the board if, based on the criteria provided
27 in section 69.15, subsection 1, paragraphs "a" and "b",
28 the advisory council member would be deemed to have
29 submitted a resignation from the advisory council.
30 Sec. _____. **NEW SECTION. 135D.5 Business and**
31 **technical operations — office of health information**
32 **technology.**
33 1. The office of health information technology
34 is established within the department and shall be
35 responsible for the day-to-day business and operations
36 of Iowa e-health, the health information network, and
37 health information network services. The office shall
38 be under the direction of the director and under the
39 supervision of the deputy director.
40 2. a. The department shall employ an executive
41 director to manage the office and the executive
42 director shall report to the deputy director.
43 b. The executive director shall manage the planning
44 and implementation of Iowa e-health, the health
45 information network, and health information network
46 services, and shall provide high-level coordination
47 across public and private sector stakeholders.
48 c. The executive director shall serve as Iowa's
49 health information technology coordinator and primary
50 point of contact for the office of the national

1 coordinator for health information technology,
2 other federal and state agencies involved in health
3 information technology, and state health information
4 technology coordinators from other states.

5 3. a. The executive director and all other
6 employees of the office shall be employees of the
7 state, classified and compensated in accordance with
8 chapter 8A, subchapter IV, and chapter 20.

9 b. Subject to approval of the board, the director
10 shall have the sole power to determine the number of
11 full-time and part-time equivalent positions necessary
12 to carry out the provisions of this chapter.

13 c. An employee of the office shall not have a
14 financial interest in any vendor doing business or
15 proposing to do business with Iowa e-health.

16 4. The department shall do all of the following:

17 a. Develop, implement, and enforce the following,
18 as approved by the board:

19 (1) Strategic, operational, and financial
20 sustainability plans for the health information
21 network, Iowa e-health, and health information network
22 services.

23 (2) Standards, requirements, policies, and
24 procedures for access, use, secondary use, and privacy
25 and security of health information exchanged through
26 the health information network, consistent with
27 applicable federal and state standards and laws.

28 (3) Policies and procedures for monitoring
29 participant usage of the health information network
30 and health information network services; enforcing
31 noncompliance with health information network
32 standards, requirements, policies, rules, and
33 procedures.

34 (4) Policies and procedures for administering
35 the infrastructure, technology, and associated
36 professional services required for operation of the
37 health information network and health information
38 network services.

39 (5) Policies and procedures for evaluation of the
40 health information network and health information
41 network services.

42 (6) A mechanism for periodic review and update of
43 policies and procedures.

44 (7) An annual budget and fiscal report for the
45 business and technical operations of the health
46 information network and an annual report for Iowa
47 e-health, the health information network, and health
48 information network services. The department shall
49 submit all such reports to the general assembly.

50 b. Convene and facilitate board, advisory council,

1 workgroup, committee, and other stakeholder meetings.
2 c. Provide technical and operational assistance for
3 planning and implementing Iowa e-health activities,
4 the health information network, and health information
5 network services.
6 d. Provide human resource, budgeting, project and
7 activity coordination, and related management functions
8 to Iowa e-health, the health information network, and
9 health information network services.
10 e. Develop educational materials and educate the
11 general public on the benefits of electronic health
12 records, the health information network, and the
13 safeguards available to prevent unauthorized disclosure
14 of health information.
15 f. Enter into participation and data sharing
16 agreements with participants of the health information
17 network.
18 g. Record receipts and approval of payments, and
19 file required financial reports.
20 h. Apply for, acquire by gift or purchase, and
21 hold, dispense, or dispose of funds and real or
22 personal property from any person, governmental entity,
23 or organization in the exercise of its powers and
24 performance of its duties in accordance with this
25 chapter.
26 i. Administer grant funds in accordance with the
27 terms of the grant and all applicable state and federal
28 laws, rules, and regulations.
29 j. Select and contract with vendors in compliance
30 with applicable state and federal procurement laws and
31 regulations.
32 k. Coordinate with other health information
33 technology and health information network programs and
34 activities.
35 l. Work to align interstate and intrastate
36 interoperability and standards in accordance with
37 national health information exchange standards.
38 m. Execute all instruments necessary or incidental
39 to the performance of its duties and the execution of
40 its powers.
41 Sec. _____. NEW SECTION. 135D.6 Iowa e-health
42 finance fund.
43 1. The Iowa e-health finance fund is created as
44 a separate fund within the state treasury under the
45 control of the board. Revenues, donations, gifts,
46 interest, or other moneys received or generated
47 relative to the operation and administration of the
48 health information network and health information
49 network services, shall be deposited in the fund.
50 2. Moneys in the fund shall be expended by

1 the department only on activities and operations
2 suitable to the performance of the department's
3 duties on behalf of the board and Iowa e-health as
4 specified in this chapter, subject to board approval.
5 Disbursements may be made from the fund for purposes
6 related to the administration, management, operations,
7 functions, activities, and sustainability of the health
8 information network and health information network
9 services.

10 3. Notwithstanding section 12C.7, subsection 2,
11 earnings or interest on moneys deposited in the fund
12 shall be credited to the fund. Notwithstanding section
13 8.33, any unexpended balance in the fund at the end
14 of each fiscal year shall be retained in the fund and
15 shall not be transferred to the general fund of the
16 state.

17 4. The moneys in the fund shall be subject to
18 financial and compliance audits by the auditor of
19 state.

20 5. The general assembly may appropriate moneys
21 in the fund to the department on behalf of Iowa
22 e-health for the health information network and health
23 information network services.

24 Sec. ____ . NEW SECTION. 135D.7 **Technical**
25 **infrastructure**.

26 1. The health information network shall provide
27 a mechanism to facilitate and support the secure
28 electronic exchange of health information between
29 participants. The health information network shall
30 not function as a central repository of all health
31 information.

32 2. The health information network shall provide a
33 mechanism for participants without an electronic health
34 record system to access health information from the
35 health information network.

36 3. The technical infrastructure of the health
37 information network shall be designed to facilitate
38 the secure electronic exchange of health information
39 using functions including but not limited to all of the
40 following:

41 a. A master patient index, in the absence of a
42 single, standardized patient identifier, to exchange
43 secure health information among participants.

44 b. A record locator service to locate and exchange
45 secure health information among participants.

46 c. Authorization, authentication, access, and
47 auditing processes for security controls to protect
48 the privacy of consumers and participants and the
49 confidentiality of health information by limiting
50 access to the health information network and health

1 information to participants whose identity has been
2 authenticated, and whose access to health information
3 is limited by their role and recorded through an audit
4 trail.

5 *d.* Electronic transmission procedures and software
6 necessary to facilitate the electronic exchange of
7 various types of health information through the health
8 information network.

9 *e.* Telecommunications through coordination of
10 public and private networks to provide the backbone
11 infrastructure to connect participants exchanging
12 health information. The networks may include but
13 are not limited to the state-owned communications
14 network, other fiber optic networks, and private
15 telecommunications service providers.

16 4. The state shall own or possess the rights
17 to use all processes and software developed, and
18 hardware installed, leased, designed, or purchased
19 for the health information network, and shall permit
20 participants to use the health information network
21 and health information network services in accordance
22 with the standards, policies, procedures, rules, and
23 regulations approved by the board, and the terms of the
24 participation and data sharing agreement.

25 Sec. ____ . NEW SECTION. 135D.8 **Legal and policy.**

26 1. Upon approval from the board, the office
27 of health information technology shall establish
28 appropriate security standards, policies, and
29 procedures to protect the transmission and receipt of
30 individually identifiable health information exchanged
31 through the health information network. The security
32 standards, policies, and procedures shall, at a
33 minimum, comply with the Health Insurance Portability
34 and Accountability Act security rule pursuant to 45
35 C.F.R. pt. 164, subpt. C, and shall reflect all of the
36 following:

37 *a.* Include authorization controls, including the
38 responsibility to authorize, maintain, and terminate a
39 participant's use of the health information network.

40 *b.* Require authentication controls to verify the
41 identity and role of the participant using the health
42 information network.

43 *c.* Include role-based access controls to restrict
44 functionality and information available through the
45 health information network.

46 *d.* Include a secure and traceable electronic audit
47 system to document and monitor the sender and the
48 recipient of health information exchanged through the
49 health information network.

50 *e.* Require standard participation and data sharing

1 agreements which define the minimum privacy and
2 security obligations of all participants using the
3 health information network and health information
4 network services.

5 *f.* Include controls over access to and the
6 collection, organization, and maintenance of records
7 and data for purposes of research or population health
8 that protect the confidentiality of consumers who are
9 the subject of the health information.

10 2. *a.* A patient shall have the opportunity to
11 decline exchange of their health information through
12 the health information network. The board shall
13 provide by rule the means and process by which patients
14 may decline participation. A patient shall not be
15 denied care or treatment for declining to exchange
16 their health information, in whole or in part, through
17 the health information network. The means and process
18 utilized under the rules shall minimize the burden on
19 patients and providers.

20 *b.* Unless otherwise authorized by law or rule,
21 a patient's decision to decline participation means
22 that none of the patient's health information shall be
23 exchanged through the health information network. If a
24 patient does not decline participation, the patient's
25 health information may be exchanged through the health
26 information network except as follows:

27 (1) If health information associated with a patient
28 visit with a provider is protected by state law that is
29 more restrictive than the Health Insurance Portability
30 and Accountability Act, a patient shall have the right
31 to decline sharing of health information through the
32 health information network from such visit as provided
33 by rule.

34 (2) With the consent of the patient, a provider
35 may limit health information associated with a patient
36 visit from being shared through the health information
37 network if such limitation is reasonably determined
38 by the provider, in consultation with the patient, to
39 be in the best interest of the patient as provided by
40 rule.

41 *c.* A patient who declines participation in the
42 health information network may later decide to
43 have health information shared through the health
44 information network. A patient who is participating
45 in the health information network may later decline
46 participation in the health information network.

47 3. The office shall develop and distribute
48 educational tools and information for consumers,
49 patients, and providers to inform them about the health
50 information network, including but not limited to the

1 safeguards available to prevent unauthorized disclosure
2 of health information and a patient's right to decline
3 participation in the health information network.

4 4. a. A participant shall not release or use
5 protected health information exchanged through the
6 health information network for purposes unrelated
7 to prevention, treatment, payment, or health care
8 operations unless otherwise authorized or required by
9 law. Participants shall limit the use and disclosure
10 of protected health information to the minimum amount
11 required to accomplish the intended purpose of the use
12 or request, in compliance with the Health Insurance
13 Portability and Accountability Act and other applicable
14 federal law. Use or distribution of the information
15 for a marketing purpose, as defined by the Health
16 Insurance Portability and Accountability Act, is
17 strictly prohibited.

18 b. The department, the office, and all persons
19 using the health information network shall be
20 individually responsible for following breach
21 notification policies as provided by the Health
22 Insurance Portability and Accountability Act.

23 c. A participant shall not be compelled by
24 subpoena, court order, or other process of law
25 to access health information through the health
26 information network in order to gather records or
27 information not created by the participant.

28 5. a. If a patient has declined participation in
29 the health information network, the patient's health
30 information may be released to a provider through the
31 health information network if all of the following
32 circumstances exist:

33 (1) The patient is unable to provide consent due to
34 incapacitation.

35 (2) The requesting provider believes, in good
36 faith, that the information is necessary to prevent
37 imminent serious injury to the patient. Imminent
38 serious injury includes but it not limited to death,
39 injury or disease that creates a substantial risk of
40 death, or injury or disease that causes protracted loss
41 or impairment of any organ or body system.

42 (3) Such information cannot otherwise be readily
43 obtained.

44 b. The department shall provide by rule for the
45 reporting of emergency access and use by a provider.

46 6. All participants exchanging health information
47 and data through the health information network
48 shall grant to participants of the health information
49 network a nonexclusive license to retrieve and use that
50 information or data in accordance with applicable state

1 and federal laws, and the policies, procedures, and
2 rules established by the board.

3 7. The department shall establish by rule the
4 procedures for a patient who is the subject of health
5 information to do all of the following:

6 a. Receive notice of a violation of the
7 confidentiality provisions required under this chapter.

8 b. Upon request to the department, view an audit
9 report created under this chapter for the purpose of
10 monitoring access to the patient's records.

11 8. a. A provider who relies reasonably and in
12 good faith upon any health information provided
13 through the health information network in treatment
14 of a patient shall be immune from criminal or civil
15 liability arising from any damages caused by such
16 reasonable, good faith reliance. Such immunity shall
17 not apply to acts or omissions constituting negligence,
18 recklessness, or intentional misconduct.

19 b. A participant that has disclosed health
20 information through the health information network
21 in compliance with applicable law and the standards,
22 requirements, policies, procedures, and agreements of
23 the health information network shall not be subject to
24 criminal or civil liability for the use or disclosure
25 of the health information by another participant.

26 9. a. Notwithstanding chapter 22, the following
27 records shall be kept confidential, unless otherwise
28 ordered by a court or consented to by the patient or by
29 a person duly authorized to release such information:

30 (1) The protected health information contained in,
31 stored in, submitted to, transferred or exchanged by,
32 or released from the health information network.

33 (2) Any protected health information in the
34 possession of Iowa e-health or the department due to
35 its administration of the health information network.

36 b. Unless otherwise provided in this chapter, when
37 using the health information network for the purpose of
38 patient treatment, a provider is exempt from any other
39 state law that is more restrictive than the Health
40 Insurance Portability and Accountability Act that would
41 otherwise prevent or hinder the exchange of patient
42 information by the patient's providers.

43 **Sec. ____.** **NEW SECTION. 135D.9 Iowa e-health —**
44 **health information network services.**

45 Iowa e-health shall facilitate services through
46 the health information network or through other
47 marketplace mechanisms to improve the quality, safety,
48 and efficiency of health care available to consumers.
49 These services shall include but are not limited to all
50 of the following:

1 1. Patient summary records such as continuity of
2 care documents.
3 2. A provider directory and provider messaging.
4 3. Clinical orders and results.
5 4. Public health reporting such as electronic
6 reporting to the statewide immunization registry and
7 reportable diseases.
8 5. Medication history.
9 Sec. _____. NEW SECTION. 135D.10 Governance review
10 and transition.

11 1. a. The Iowa e-health governance structure
12 shall continue during the first two years of the term
13 of the state health information exchange cooperative
14 agreement with the office of the national coordinator
15 for health information technology to address the
16 development of policies and procedures; dissemination
17 of interoperability standards; the initiation, testing,
18 and operation of the health information network
19 infrastructure; and the evolution of health information
20 network services to improve patient care for the
21 population.

22 b. Following the end of the first two years of the
23 term of the cooperative agreement, the board and the
24 department shall review the Iowa e-health governance
25 structure, operations of the health information
26 network, and the business and sustainability plan to
27 determine if the existing Iowa e-health governance
28 structure should continue or should be replaced by any
29 of the following:

30 (1) A public authority or similar body with broad
31 stakeholder representation on its governing board.

32 (2) A not-for-profit entity with broad stakeholder
33 representation on its governing board.

34 2. If the board and department determine that the
35 governance structure should be replaced, Iowa e-health
36 shall develop a transition plan to transfer the
37 responsibilities for the domains specified in section
38 135D.3.

39 Sec. _____. Section 136.3, subsection 14, Code 2011,
40 is amended to read as follows:

41 14. Perform those duties authorized pursuant to
42 sections ~~135.156~~, 135.159, and 135.161, and other
43 provisions of law.

44 Sec. _____. Section 249J.14, subsection 2, paragraphs
45 a and b, Code 2011, are amended to read as follows:

46 a. Design and implement a program for distribution
47 and monitoring of provider incentive payments,
48 including development of a definition of "*meaningful*
49 *use*" for purposes of promoting the use of electronic
50 medical recordkeeping by providers. The department

1 shall develop this program in collaboration with the
2 department of public health and the ~~electronic health~~
3 ~~information advisory council and executive committee~~
4 board of directors and the advisory council to the
5 board of Iowa e-health created pursuant to section
6 ~~135.156~~ 135D.4.

7 b. Develop the medical assistance health
8 information technology plan as required by the centers
9 for Medicare and Medicaid services of the United
10 States department of health and human services. The
11 plan shall provide detailed implementation plans for
12 the medical assistance program for promotion of the
13 adoption and meaningful use of health information
14 technology by medical assistance providers and the
15 Iowa Medicaid enterprise. The plan shall include the
16 integration of health information technology and the
17 health information exchange network with the medical
18 assistance management information system. The plan
19 shall be developed in collaboration with the department
20 of public health and the ~~electronic health information~~
21 ~~advisory council and executive committee~~ board of
22 directors and the advisory council to the board of Iowa
23 e-health created pursuant to section 135.156 135D.4.

24 Sec. ____ . INITIAL APPOINTMENTS — BOARD.

25 1. The initial appointments of board member
26 positions described in section 135D.4, as enacted by
27 this division of this Act, shall have staggered terms
28 as follows:

29 a. The board members appointed by the governor
30 shall have initial terms of two years, after which the
31 members shall serve four-year terms, subject to the
32 following:

33 (1) The terms shall begin and end as provided in
34 section 69.19.

35 (2) Any board member appointed by the governor when
36 the senate is not in session shall serve only until
37 the end of the next regular session of the general
38 assembly, unless and until confirmed by the senate.

39 b. The board member designated by the Iowa medical
40 society shall have an initial term of two years, after
41 which the member shall serve a four-year term.

42 c. The board members designated by the university
43 of Iowa hospitals and clinics and the Iowa hospital
44 association shall have initial terms of four years,
45 after which the members shall serve four-year terms.

46 d. The board members designated by the federation
47 of Iowa insurers shall serve initial terms of six
48 years, after which the members shall serve four-year
49 terms.

50 2. With the exception of board members who are

1 representative of state agencies and not subject
2 to term limits as provided in section 135D.4, board
3 members may serve an additional four-year term,
4 with the exception of those board members initially
5 serving a two-year term, who may serve two consecutive
6 four-year terms following the initial two-year term.
7 Sec. _____. REPEAL. Sections 135.154, 135.155, and
8 135.156, Code 2011, are repealed.
9 Sec. _____. TRANSITION PROVISIONS. Notwithstanding
10 any other provision of this division of this Act,
11 the department of public health, and the executive
12 committee and the advisory council created pursuant to
13 section 135.156, shall continue to exercise the powers
14 and duties specified under that section until such time
15 as all board members have been appointed as provided
16 in section 135D.4, as enacted by this division of this
17 Act.
18 Sec. _____. EFFECTIVE DATE. The sections of this
19 division of this Act repealing sections 135.154,
20 135.155, and 135.156, and amending sections 136.3 and
21 249J.14, take effect on the date all board members are
22 appointed as provided in section 135D.4, as enacted by
23 this division of this Act. The department of public
24 health shall notify the Code editor of such date.
25 Sec. _____. EFFECTIVE UPON ENACTMENT. Except as
26 otherwise provided in this division of this Act,
27 this division of this Act, being deemed of immediate
28 importance, takes effect upon enactment.>
29 124. By striking page 83, line 22, through page
30 150, line 23.
31 125. Title page, line 3, after <appropriations> by
32 inserting <, providing penalties,>
33 126. By renumbering as necessary.

COMMITTEE ON APPROPRIATIONS
ROBERT E. DVORSKY, CHAIRPERSON